STATE OF MARYLAND CERTIFICATE OF DEATH

	REGISTRAR		***************************************	Tenne of Canal	REG. NO.	
	ASED NAME FIR			AST ·	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Margaret		bel	September 21,	
3 SEX		4. RACE	S. DATE (the 25 1922°	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
3	emale			me 2) 1922	YR	
	HPLACE (STATE OR FOREIG		WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
		d. US	WIDOW	DIVORCED XX	Baltimore (County MD.
	timore 2122		OSPITAL, NURSING HOME OF		120 USUAL OCCUPATION (TYOTTICE CLERK)	12b. KIND OF BUSINESS OR INDUSTRY
SUAL 3a. ST	RESIDENCE (IF NURSING HIATE Maryland	ome or other institution of the country Baltimore	GIVE RESIDENCE BEFORE ADMISSION) 130 Baltimore	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	ok Rd. 21224
2	HER'S NAME FIRST The	mas W.	Gill	15 MOTHER'S MAIDEN NA FIRST Margaret	C. Nichol	LAST
	AS DECEASED EVER IN U	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	8001 Wynbrook: F
1100	NO NUKHOWN	-	215 14 9016	Margaret C.	Nemcek, Daughte	er Balto., Md.
1	& CAUSE OF DEATH (En	nter only one cause per	ling for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS C	CAUSED BY. AEDIATE CAUSE (0)	Resperators.	Hoest		
	1144141				1 /	1
	Conditions if you will		VIACLE MET	shakei Caraci	eroy the breast.	Many ments
	Conditions, if any, whi gove rise to immedia		vally more	31-21-00		
	couse (a), stating t	the DUE TO, OF	R AS A CONSEQUENCE OF			
		(_(c)				
	PART 2 OTHER SIGNIFIC	ant conditions <u>co</u>	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART I 10
CERTIFICATION						
5 19	DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
≜ L					YES NO NO	YES NO
	ACCIDENT WAS UNDERLYIN	4100110 4	FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
-	OR CONTRIBUTING CAUSE	OF DEATH				
2	14 INJURY OCCURRED	21e PLACE	OF INJURY	21f LOCATION	4 - 1141 - 124 - 1	COUNTY STATE
	WHILE NOT WHILE	[AT HOME STR	EET, FACTORY OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
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1	saw the deceased of	Sp. 1 1 1	0	ad that in my (aur) approan	death accurred on the date and	how and from the source that
	above, (1) (we) (did) (did not) view the body	after death.		acom accorded on the date and	
1	126 SIGNATURE	1.101.6.	ve de-0	DEGREE	MEDICAL STAFF	220 DATE SIGNED
L	garre	Warran	45, VI.D.	PHYSICIAN [DIRECTOR PHYSICIAN	9/23/85.
2	24 PHYSICIAN'S N	(TYPE OR PRINT)	1 0	27e ADDRESS	. 1 /	
	LARRY W	ATERBUR	4. 40	Hones Scath	Key ored Center, 4	540 teastern, 21224
3a BU	RIAL, CREMATION, REM	OVAL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
B	brial	9/24/8		Hill Memorial	Gardens Balt	imore Co. Md.
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DHMH - 16 60M 7/B (VRA 15, 4)

TO HOSPITAL

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MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the

Maryana Catherine Abol - September 21, 1955

Table 1 Sale 1 S

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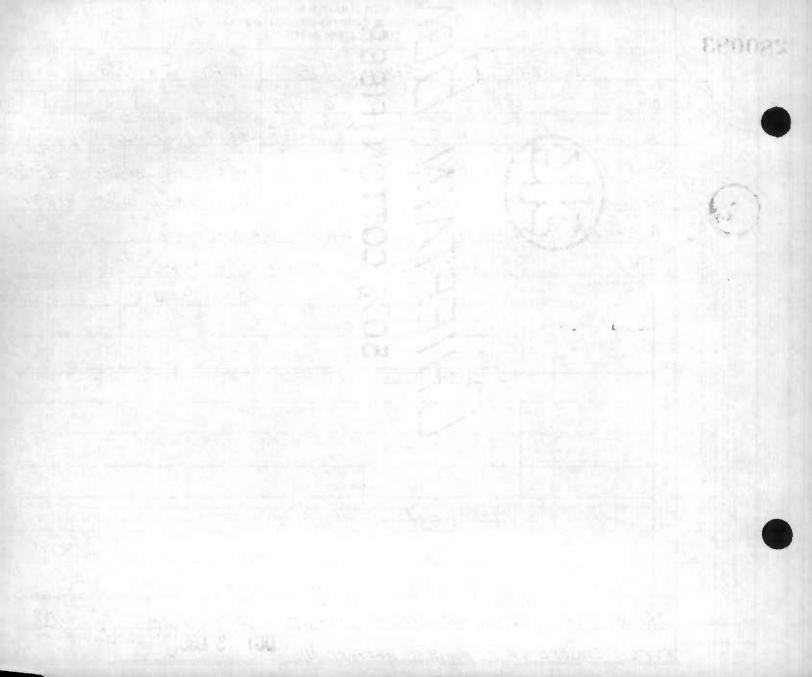
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- 25 14 9025 | Marguet C. Mascest, Caughter Selto.,

Daylel _____ Profit Dally Hill routing the Co., Md.

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00083	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5 2	4276
,0000		CEASED NAME FIRST	WIDDLE	LAST	24 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
pe son	(+ + r E	JOSEPH	+ M A	KELAITIS	SEPT. 27 19	185 M
mov 80 10	3 SEX		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
4 64	0	1ALE	WHITE	FEB 6 1906	79 YRS MON	NIHS DAYS HOURS MIN.
0 11 11	_	77 -1-0-	CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUNTY OF	FDEATH
d 22 g	M	9 RYLAND	ILSA	MARRIED NEVER MARRIED UVORCED	BALTIMORE CO	DUNTY MD.
g 2 4 0				G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 11/10	CI	FRNEY	3900 PLACID	A 1 =	ELEC TECHNICIAN	MADTIN-MARK
1		AL RESIDENCE (IF NURSING HOME OF O	HER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		MAS IN MINNE
1 1100	- 0	TATE 136 COUNTY	1 1 1 1 .		130 STREET ADDRESS / ZIP CODE	NE 2123K
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ond ond		ES NO OR UNKNOWN) (IF YES GIVE V	VAR OR DATES)	O IN FAM.	y Oceanon	
he m		NB	12116-		Y MECUKES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hysicate pape laval		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	BY. Ly no	indial Infanc	from ACUTE	
ng p bon rem		IMMEDIATE	CAUSE (0)	ciaca injuic	TOOL , NOW IE	30 W 1007
ath con noting			DUE TO, OR AS A CONSEQUE	NCE OF		
de d		Conditions, if any, which gave rise to immediate	(b)			
by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		0.
or o			(c)			
signe nen p o bu	z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 10
or the	CATION	19g DATE OF OPERATION	TIRE CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, V	VERE FINDINGS USED
low on we on	FIC	THE DATE OF OFERATION	The Condition of Willett	OF ENAPORT WAS TEN ORMED	IN CERTIFYIN	NG CAUSES OF DEATH?
The hard the	CERTIFI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale How IN JURY OF CURE	YES NO YES [
phys phys al Hy		OR CONTRIBUTING CAUSE OF DEATH	LIGUE A M. MONETH D.		TEMER MAIDRE OF HADRY HATTEM TO PART	, ORPARIE
SIC cert cert wright	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
PHy this he b nd A	WED	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
NG Affer at a standard and a standar		AT WORK				
S Hear		22a. I certify that (I) (this haspita	-1:0-	, 19	, to, 19	
ATTI SSpit SCTC d for d for m 21		saw the deceased alive an above, (I) (we/ (did) (did not)	view the body after death		death accurred on the date and have a	
OR born	7	22b. SIGNATURE	Dur.	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
TAL Ny th deta deta fate		//		PHYSICIAN D	DIRECTOR PHYSICIAN	7/20/83
FUNER PORTAN		224 PHYSICIAN'S NAME (TYPE OR	h	22e ADDRESS	a de la comple	10.0
retained by TO FUNERA should be de with the Stat		JACINTO V	DE BORJE	404 00	WLEYS GIR'S	KD.
7 6 1 2 7 7	230 E	URIAL, CREMATION, REMOVAL	23b DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	C	REMATION	OCT. 1,1985 G.	REEN MOUNT	BALTIMORE C	ITY MO.
DHMH - 16 60M 7/84	24. FU	INERAL DIRECTOR	ADDRESS	8800 250 DAY	FREC'D. BY REGISTRAR 256_REGISTRA	B.S. SIGNATHORNIADO
(VRA 15, 4)	EL	ANS CHAPEL	OF MEMORIES	HASFORD RD.	0 200	



1 .			TE OF MARYLAND		
1-5	TATE		HEALTH AND MENTAL	HYGIENE 5	42/8
	EGISTRAR FASED NAME FIRST	MEDICAL EXAMIN	NER'S CERTIFICATE	OF DEATH REG. NO.	g a
	EASED NAME FIRST	WIDDLE	LAST	70. DATE KNOWN XX	MONTH DAY YEAR 26. HO
/	Harris	W.	Ames	DEATH MATED	9-3 19 85
SEX	4. RACE	5. DATE OF BIRTH 6 AGE (IN Y	EARS IF UNDER I YR. IF UNDER OAY) MONTHS DAYS HOURS	R 24 HRS. 20 DATE MIN PRONOUNCED	MONTH DAY YEAR 2d HOL
	LE WHOTE		'RS.	DEAD	9-3 19 85 p.
	THPLACE (STATE OR EIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR		
		ss. U.A.A.	WIDOWED DIVOR		
IO. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF	OR MIRHERTON
	andallstown	Baltimore County		RETIRED SCHO	OL
a. ST	ATE 1136, COUNT	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS TY 13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	11100
MA	RYLAND BALT				Y HILL Ro.
	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIL		LAST
1	WILARD		Δ.	ICE HES	CEY
160 W	AS DECEASED EVER IN U.S. ARA S. NO. OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? 16b. SOCIAL SECURI	TY NO. 17. INFORMANT	ADP 9	W. CHERRY HI
Y	ES WW	2 026-14-0	712 MARGUER	ITE AMES	
	18 CAUSE OF DEATH (Enter onl	ly ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I DEATH WAS CAUSED	o By: TE CAUSE (a) Arterioscler	otic Cardiovaso	cular Disease	De l'ille de l'alle de l'ille de l'ille
	arant with	DUE TO, OR AS A CONSEQUENCE	OF		
.3	Conditions, if any, which gave rise to immediate	(b)			
	cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	OF		
19	lying cause last.	(6)			100
	PART 2 OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE DR CONDITION GIVEN IN I	PART I (e).	
N O					
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
E		A.P.			YES XX NO
8	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M. 19	IK .		
ă l	214 IN HIPY OCCUPPED	21e PLACE OF INJURY (ATHOME,	21f. LOCATION		
E	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		Access to continue regulation	₩₩		
		e of the remains described above, held an	Autapsy XX, Inspecti		n my apinian
10	death resulted from Nature	nt course A feetdent 5	Hamicide L	Undetermined manner,	
	ACTUAL // UD	No Augh	TITLE (SPECIFY)		DATE 9-4-85
	SIGNATURE COLLL	was may 11 1	M.D. Assista	MEDICAL EXAMINER	SIGNED 9-4-85
	EXAMINER'S NAME Den	nis F. Smyth, M.D.	111	Penn St., Balto.	. Md. 21201
	(TITE OKTIKITI)		ADDRESS		7 214 21201
o.BU	RIAL, CREMATION, REMOVAL 2:		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
B	NERAL DIRECTOR	9-6-85 GARRISO	N FOREST VET	DVINGS MILLS	BALT. Mo.
E	NAME FUNERAL	HOME REISTERST	DUN. MO. SEL	REC'D. BY REGISTRAR 256. REGIST	MAKS SIGNATURE
-	PARE I DUENAL	NOME KEISTERST	DANY LIDY ZEL	D IMON A	

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MARSHFIELD , MASS. U.S.A.

RETIRED SCHOOL TEACHER

MARYLAND BALT. CO. KEISTERSTOWN 119 W. CHERRY ! ILL 40.

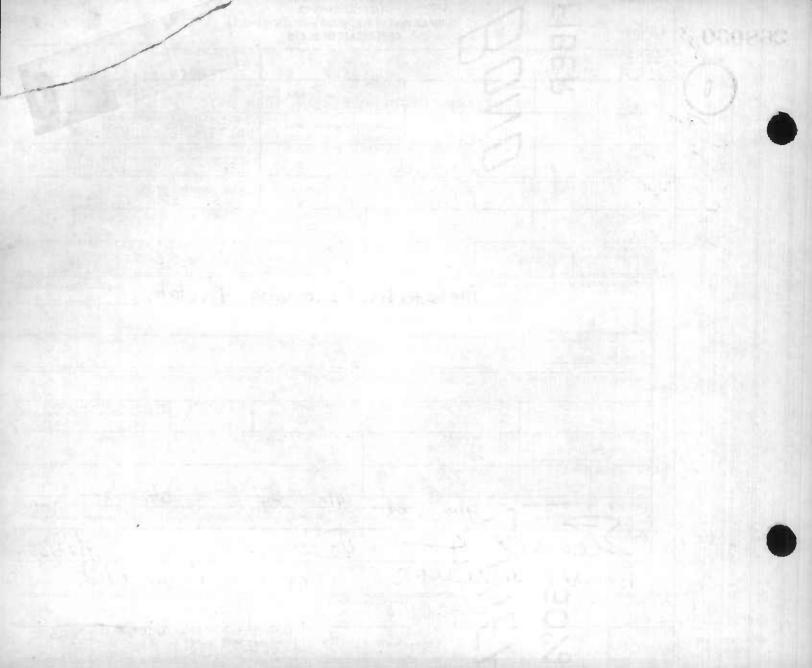
WILARD

ALICE HESSEY

YES WW 2 O 0-14-0712 MARGUERITE AMES

BURIAL 9-6-65 GARRISON FOREST VET. UWINGS MILLS BALT. MO.

ELINE FUNERAL HOME REISTERSTOWN. MD.



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VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The SETTIMENT THE DESIGNATION OF THE GOOTH CERTIFICATE DE EXECUTED WITHIN 24 HOURS Offer GEOTH. Page 4 in	This certificate from brain by the offending physician and carrol

6108	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2 4	2	8 0
) DEC	EASED NAME FIRST	-	MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
poge 3	3. SEX	Edaa	J.		Andre		6 AGE (IN YEARS LAST BI	9/26/		1:40 M
rs ofter	3. 3E/	F	W		MONTH	4, 1897 YEAR	88	YRS		HOURS MIN.
nerol dir	9	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF T	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	or county of DE		WE
1	10 C	TOWSON	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 6701 N Charles St				12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemake	OF WORKING LIFE) IND	KIND OF	BUSINESS OR
CX	139.5	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN HOWA:	ITY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Elkridge	N	13d. INSIDE CITY LIMITS? YES NO 🏋	136 STREET ADDRESS 7248 Mont	ZIP CODE Rd.		21227
18	15/	THER'S NAME FIRST John P.	Deering	LAST	me izabeth Dis	issendall				
nedic		VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SECU 217 22		Md. Masonic		ville. Md.		
ir event, the	NOIL	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF								ATE INTERVAL ISET AND DEATH
ial, crematian, ar ather trauma		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(c)	Hypo r as a conseque	rwnai NCE OF					
Then p		PART 2 OTHER SIGNIFICANT O				NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED			
Lo berg	TIFIC		1,000			The state of the s	YES NO	IN CERTIFYING (
of the	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR	PART 2)	3
wheel or	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e. PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR 1	OWN CO	UNIY	STATE
2) 14 mp		22a.1 certify that (1) (this hospi saw the deceased plive an above, (1) (we) (did) (did na				/25 19 85 and that in (my) (aur) apinian a				opt (I) (we) last auses stated
state Dept.		27% SIGNATURE QQQ 12. 22d PHYSICIAN'S NAME HYPEG	ma	Conf		ATTENDING PHYSICIAN [MEDICAL STA	AFF _	9 26	GNED 0 85
with the S		Dr. A Malo	uf			GBMC				
	(spec Burial Spec Burial	9/30			emetery or crematory Park Cem.		ore, Md.		STATE
60M 7/B4 15, 4)		INERAL DIRECTOR NAME ITCHELL-WIEDEFE	LD HOME	, INC.	6500	York Rd. 25a DAT	E REC'D. BY REGISTRAL			andere.

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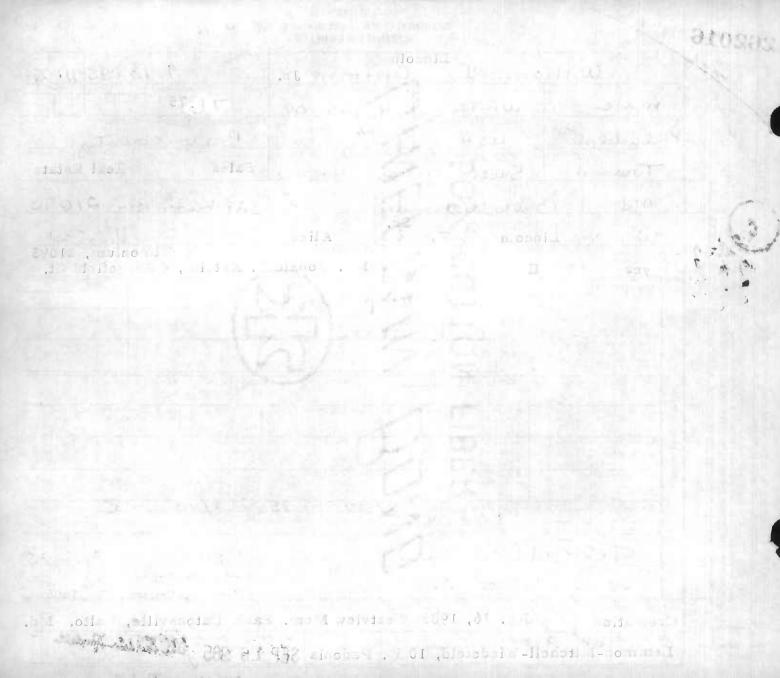
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Leminon-Mitchell-Wiedefeld, 10 W. Padonia 184

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	2	4	2	8	,
	REG. NO.					

- h	DEC	CEASED NAME	FIRST		AIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	2b HOUR	_
ľ		00.000	onald			ARMSTRO			August	30,	1985	10:3	8p.,
	3. SEX	X		4 RACE			OF BIRTH		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR		HRS
1		Male	1000	White		MONI 9	28	43	41	YRS.	MONTHS DATS	HOURS A	MIN
1	7a BII	RTHPLACE (STATE OR I	OREIGN	76 CITIZEN OF	WHAT COUN	ATRY? B			9 BALTIMORE CITY		Y OF DEATH		
7		Maryla	nd	U.S		MARRI	ED NEVER /	VORCED	Baltimore	Cour	ity		MD
1	10 CI	Balto.	1	(IF NOT IN SUC	H FACILITY, GIVE	URSING HOME STREET ADDRESS) quare Ho		NOITUTION	120 USUAL OCCUPAT			OF BUSINESS	OR
1		AL RESIDENCE (IF NUR)	UI COUN	OTHER INSTITUTION	GIVE RESIDENCE 13c CITY OR Balt	RTOWN	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS 915 KAKK			21221	
T	14 FA	ATHER'S NAME		MIDDLE	LAS	51	15 MOTHER	FIRST	WE		t/	AST	
4	1	William		A:	rmstro	ng	M	ary			Simmons		
	()	VAS DECEASED EVER YES NO OR UNKNOWN) Unkn.		MED FORCES?		SECURITY NO. 0-1265	17 INFORMA	NT	ADDF	RESS	-	X	
f		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	ily ane cause per D BY: TE C AUSE (a)	line for ion (Cardio	pulmona	ry Arr	est			APPRO BETWEEN	XIMATE INTERVA NONSET AND DE	ATH
	N	PART 2 OTHER SIGN Undiffer	last NIFICANT (ONDITIONS CO	NTRIBUTING	Cardio Cardio G TO DEATH BU Cell Ca	T NOT RELATED	TO THE TERM	st MNALDISEASE OR COI ible tuber			lio	
1	CERTIFICATION	19a DATE OF OPERA				HICH OPERATION			200 AUTOPSY? YES NO	20b. IF YE	S, WERE FIND IFYING CAUSE ES	DINGS USED S OF DEATHS	è.
		210 ACCIDENT WAS UNI	CAUSE OF DE	ATH.	M. MONTH	H DAY YEAR		JURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)		
	MEDICAL	216 INJURY OCCUR	HILE	21e PLACE ((AT HOME STR		OFFICE, FARM, ETC.)	211 LOCATA	N	CITY OR T	OWN	COUNTY	STAT	TE
		220 1 certify that he saw the decease abave, 14 (we) (we)	(this hosp	tal) attended the	e deceased f	From Augu:	st 25	, 19 <mark>85</mark>	ta August	30 date and ha	19 <u>85</u> ur and fram th) last
		22b. SIGNATURE	esou	R. Le	1	1.D.	DEGREE	ATTENDING PHYSICIAN [MEDICAL ST	AFF \	22c. DAT	E SIGNED	
		Dr. Gre		R. Leil	M.D				lin Squar <mark>e</mark>	Dr.,	21237		
		BURIAL, CREMATION, (SPECIFY) Remova	1 100	23b. DATE 9/4/8	35	23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STAT	E

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Hea

24 FUNERAL DIRECTOR Anatomy Board (VRA 15, 4)

Balto., Md.

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 1 1 1985 Julia Davidson Hands

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AND 21701	(
MARY	
VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN	
TON ST.,	
W. PRES	
201	
RECORDS	
OF VITAL	
DIVISION	

48102		FOR STATE REGISTRAR		MENT OF HEAL	MARYLAND TH AND MENTAL HYGI TE OF DEATH	REG. N		284	
teory to		OR PRINT) ALLE	LLEN JOSEI	PH NOLL	ARNOLD, 2nd	20. DATE OF DEATH	1/85	1:05 Am	
or 4 po	3 SE	Male	White	5. DATE OF BI	^{RTH} 21, 1910	6, AGE TIN YEARS LAST BIR	THDAY) IF UNDE	ER I YEAR IF UNDER 24 HRS. D. DAYS HOURS MIN.	
and the second		RTHPLACE (STATE OR FOREIGN COUNTRY) Ode Island	76. CITIZEN OF WHAT COUNTRY?	MARRIED X	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DE	County MD.	
N 58		Towson	ST. JOSEPH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOSEPH HASPITAL RETIRED—Comme					
1 35	M	aryland Balt	COTHER INSTITUTION GIVE RESIDENCE BEFORE NTY LIMOTE JUTHER	ILLE YE	S NO	130.STREET ADDRESS	ZIP CODE HARMU	TH RD2109	
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SOURCE Sales Line

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Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

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9705 Belair Rd., Balto. Md. 21236

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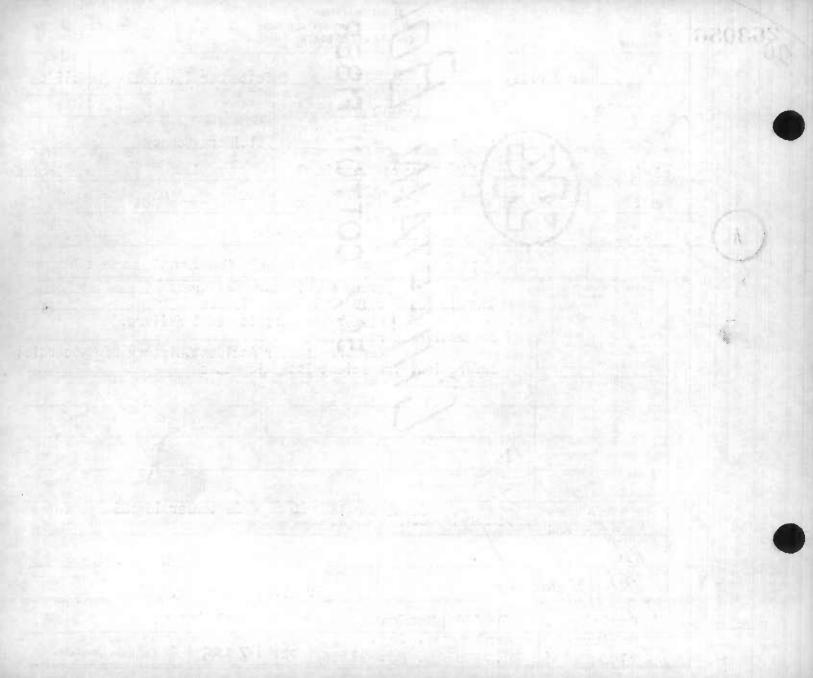
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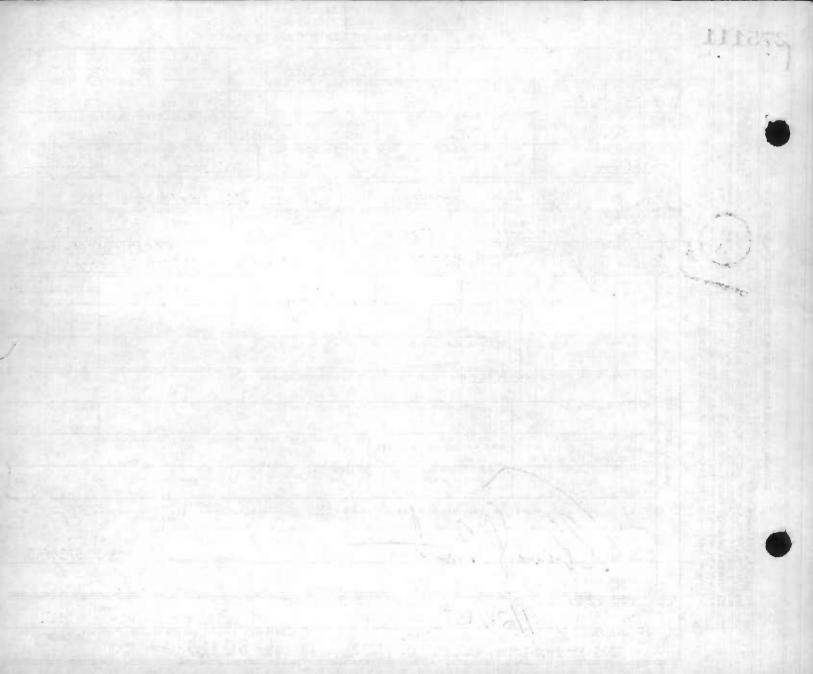
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH



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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

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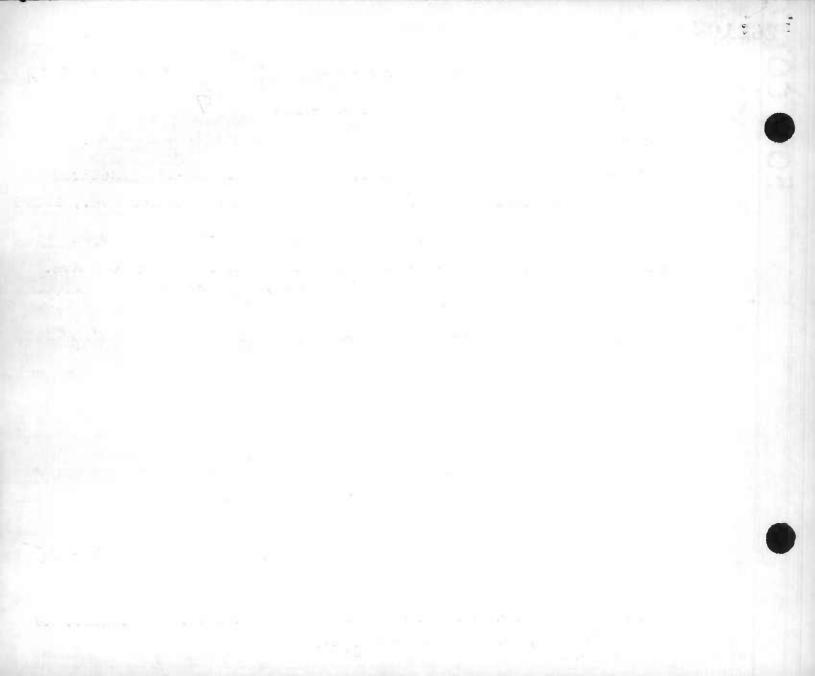
(VRA 15, 4)

Monni Offict Miller, Inc., 6415 Belair Rd.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

une waydon-Handake

Balto., MD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR			***************************************			REG. N	0.				
		CEASED NAME	FIRST	MIDDLE	l	AST		20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR		
П	,,,,,		Louis		Bal	ker	Jr.	September	21. 19	985	11:36a ^M		
	3. SE	X	4.	RACE	5. DATE C		YEAR	& AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,		
	N	Male		Cau.	10	1	17	67	YRS	DA13	MIN,		
1		RTHPLACE (STATE OR I	OREIGN 76	CITIZEN OF WHAT COU	NTRY? 8	N NEVE	MARRIED -	9 BALTIMORE CITY	R COUNTY	OF DEATH			
1		Md.	1	U.S.A	WIDOWE		DIVORCED	Baltimore	Count	:v	MD.		
-	10. CI	ITY OR TOWN OF DEA	ATH 1	1. NAME OF HOSPITAL, N		R OTHER IN	ISTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR		
Balto.				ranklin So		osp.		Printer	,	Retired			
Z		AL RESIDENCE (IF NURS	NAL COUNT	HER INSTITUTION GIVE RESIDENCE 134 CITY O		13d. INSIDE	CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE				
1		Md.	-	Ba.	lto.	YES 🔀	NO 🗌	4901 La	Salle	Ave.	21206		
11	M FA	ATHER'S NAME	MH	DDLE LA	S1	15 MOTHE	R'S MAIDEN NA	ME		LAS	ī		
4	/ 1	Louis		Baker						Parrish			
2		VAS DECEASED EVER		ED FORCES? 166. SOCIA	L SECURITY NO.	17 INFOR	MANT	ADDR	ESS				
		Yes	W.W.	II 216-0	03-2285	Rita	M. Ba	ker 4901	La Sa				
		18 CAUSE OF DEAT	H (Enter anly	ane cause per line for (a),	(b), and ici					BETWEEN	MATE INTERVAL ONSET AND DEATH		
	100	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac and pulmonary arrest - hypotension											
Н		DUE TO, OR AS A CONSEQUENCE OF											
		Canditions, if any, which (b) Sepsis											
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying couse lost (c) Crohn's disease											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to											
	CERTIFICATION	Demonstration of											
1	CAI	190 DATE OF OPERA	TION	196 CONDITION FOR V	N WAS PER	ORMED	200 AUTOPSY?		, WERE FINDIN				
	TIE							YES X NO	NO [
6	CER	210. ACCIDENT WAS UNE		21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW	INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 P/	ART 1 OR PART 2)			
7	SAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		P.M.	19								
	MEDICAL	214 INJURY OCCUR	RED	21e PLACE OF INJURY	211 LOCA		CITY OR TO	OWN	COUNTY STATE				
	2	MHILE NOT WE	TILE RK	TAT HOME STREET, PACTORY	OFFICE, FARM EIC I					STATE			
		22a I certify that (1)	(this haspital	attended the deceased	from Augus	t 28	. 19_85	septemb	er 21	19_85	that (I) (we) last		
		saw the decease	ed alive an	September 21	19 <u>85</u> , ar		y) (aur) apinian d	death accurred an the d	ate and have	and from the	causes stated		
		22h SIGNATURE	11	The state of the s		DEGREE				27c. DATE	SIGNED		
		Daniel	1.	TALLIA 1	111		PHYSICIAN T	MEDICAL STA		9-21	-85		
		224 PHYSICIAN'S N	AME (IVICE)	y une	,,,,	22e ADDR							
	OR	David P.	Zajar	no. M.D.		9000	Frankl	in Square [rive,	21237			
		BURIAL, CREMATION,		23b DATE	23c. NAME OF C			23d. LOCATION					
	É	Burial		9-24-85	and C	em.	Balto.		Balto Md.				
	24. FU	UNERAL DIRECTOR					25a. DAT		256. REGISTI	RAR'S SIGNATI			
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	-	CTITE CO LT		ler Inc. 6415 B		1111		CON The hand grav-Norton					

John C. Miller Inc. 6415 Belair Rd

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YLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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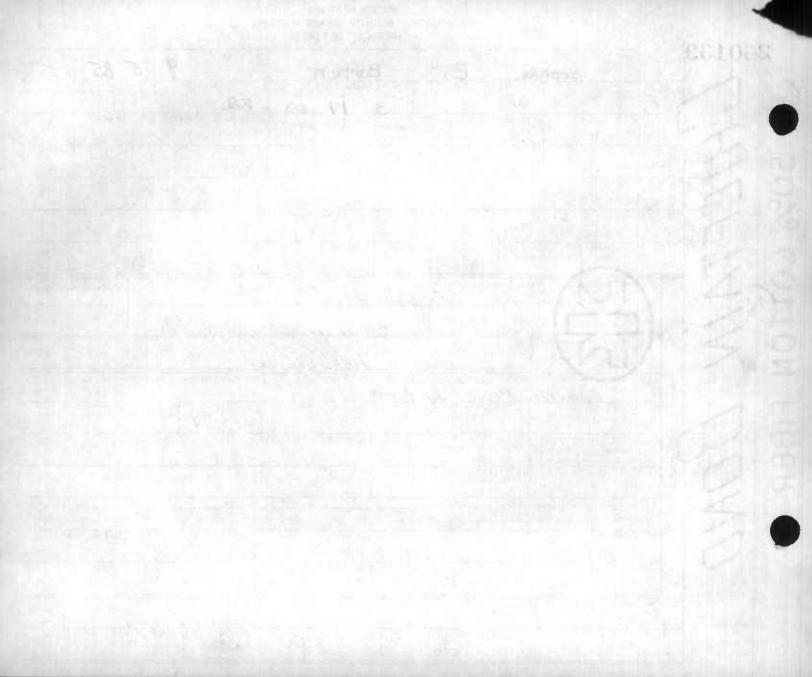
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٨.	1 DE	CEASED NAME	FIRST		MIDDLE		AST		R DATE OF DEA	EG. NO.	DAY YEAR	I2b HOUR	
ight		OR PRINT)						· · ·					
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6	10.0	Hungary TY OR TOWN OF DEA	700					RCED	Baltim 2e USUALOCC	ore Count			MD.
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4		Randallstown	NE HOUS 01 01	Baltimore County General R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI					Ret - T	eacher	Bal	ltimore (City
356	13a S	TATE	136 COUNT	Y	13c CITY OR	TOWN	134 INSIDE CITY		3e STREET ADD				-0
21	14.5	Maryland THER'S NAME	Balti	timore Catonsv		onsville	YES NOTHER'S MA	X		oodeliff	Ave.	212	28
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10	11	Kardly Baran		TO FORCESS	In social	SECURITY NO.		hine Ba		ADDRESS		212	
dice		ES. NO OR UNKNOWN	(IF YES GIVE V				17 INFOMASNT		arany				
6 3		Yes	WW 2		216-	-38-3998	1520	Woodeli	rr Ave.	Cator	rsville	Maryl	
1		18 CAUSE OF DEATH PART I. DEATH W			line far (a), (b	i, and ici i	0 7	+ -		1	BETWEE	DXIMATE INTERVA	ATH
			IMMEDIATE		A	al	Taasla	10 c	Hear	1 dige	an.	4 da	15
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roun		Conditions, if ony, which											
her t		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
or of	-	underlying cause	Idst	((c)_									
lury,	CERTIFICATION	PART 2 OTHER SIGN	IIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OF	CONDITION	SIVEN IN PART	1 (a	
5		19n DATE OF OPERAT	19h COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORME	FD	20a AUTOPSY? 20b. IF YES, WERE FINDIN			DINGSLISED		
18 shows on	FF								IN CERTIFYING CAUSES OF I				
8 sho	ERI	210. ACCIDENT WAS UND	ERLYING	21b. TIME C	F INJURY	0.00	21c. HOW INJUR	RY OCCURRE				NO 🗌	
Hem 18	_	OR CONTRIBUTING											
or He	MEDICAL	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURE			M. OF INJURY	19	211 LOCATION						
edo	ME	WHILE NOT WH	ILE 🔲	(AT HOME ST	REET FACTORY OF	FICE, FARM ETC)	STREET		CIT	Y OR TOWN	COUNTY	STA	1E
mor		220.1 certify that) attended th	e deceased fr	om 8	/30	10 86	- to	7/3	10	, that we) Inst
.42		sow the decease	d alive on_	9	3	-	nd that in (my) (aur	r) apinion de	oth occurred an	the date and h			
Hem 2		abave (1) (we) (a	lid) (did not)	view the body	after death.		DEGREE					TE SIGNED	
					1	0	ATTE	NDING	MEDICAL	STAFF			
Z		22d. PHYSICIAM S.M.	ME (TYPE	7/1	/	6	22e ADDRESS	SICIAN [DIRECTOR [] F	HYSICIAN			
MPORTANT		1600	11	4	P	4.5		13	C. C	2 60			
LAPORTANT: H	230 5	GURIAL, CREMATION.	7/-/-	73h DATE	10	23, NAME OF	LEMETERY OR CREA	MATORY.	23d LOCATIO				_
		Burial	VAL	9-6-8			Cross Cemet		Brook	NW(COUNTY Ave	undMaryl.	and.
	-	JNERAL DIRECTOR	Loning			Directors					ATTRE ATT		5
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SECTION AND THE LITTLE SECTION

Local description of the country and SETTS building in most construction of well 1998.

20	1-	FOR STATE REGISTRAR			DEPART		ALTH AND	MENTAL HYG DEATH	TENE 8	S REG. NO	2	4 2	9	
33	1 DECEASED NAME FIRST MIDDLE						ST		20. DATE OF DEATH MONTH DAY YEAR 26 H					Ī
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5.0	3 SE)	×		4 RACE		5 DATE OF	BIRTH	YEAR	6 AGE (IN YE	ARS LAST BIRTI		MONTHS DAYS	HOURS MIN	
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6		RTHPLACE (STATE ORF	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	MARRIED	☐ NEVER	MARRIED .	9 BALTIMOR	RE CITY OF	COUNTY	OF DEATH		Ī
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1	H CI	TY OR TOWN OF DEA	.TH		HOSPITAL, NURSIN		OTHER INS	TITUTION	12a USUAL C			126 KIND (OF BUSINESS OF	R
25	16	a + mail		Carino	3	Turben	eral	Houp	Hous				Home	
21	13a S	AL RESIDENCE HE NURS	13b COUN	TY	136 CITY OR TOW	/N	13d INSIDE	ITY LIMITS?	13e STREET A	DDRESS /	ZIP CODE			
	Ma	ryland	Balt	imore	Marylan	nd Li	nes 🗆	NO 🔀	21507	Yor	k Rd	./211	05	
1/2	14 FA	ATHER'S NAME		AIDOLE	LAST	10.00	15. MOTHER	S MAIDEN NA	ME	WIDDLE		LA	157	
12	1	Mathias		Thon			H	ester			Ke	eys		
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		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)										APPRO) BETWEEN	XIMATE INTERVAL	ŧ
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F	CERTIFICATION	19a DATE OF OPERATION 19b.			TION FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES				INGS USED	_
1	T F								YES 🗌	NO [
10	E	210 ACCIDENT WAS UND			F INJURY M. MONTH D	AV VEAD	21¢ HOW IN	JURY OCCURE	RED (ENTER NAT	URE OF INJUR	Y IN ITEM 18 P	ART T OR PART 2)		
7	¥	OR CONTRIBUTING C		IN .		19								
	MEDICAL	21d INJURY OCCURR	_	21e PLACE			21f LOCATI	ON		CITY OR TOY	VN	COUNTY	STATE	_
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		22a certify that (1)	(this haspit		e deceased from_	21	117	. 19 85	, to	7	>	19 85	that (I) (we) los	st
		sow the deceased alive on 19 5 and that in (my) (our) applied death accurred on the date and hour and from the courses stated												
		above, (1) (we) (did) (did not) view the body ofter death. 127b. SIGNATURE DEGREE										22c. DATE	E SIGNED	-
		So /6	MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN M							5/85				
7		224 PHYSICIAN'S NA	ME (TYPE D	PRINT			22e ADDRE	55						Т
			305	ron	MO		Balto	Count	1 ocn	HOU P)			
	23a. B	BURIAL, CREMATION,	REMOVAL	Bebt.	7 230	NAME OF CE	METERY OR	CREMATORY	23d LOCA	TION				=
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		JNERAL DIRECTOR		Sec	cond at	Fran		St 250 DAI					TURE	i
/B4	J.	J.Harter	nstei	n Nev	V Freedo	om, P	A 173		1.77		Turia Di	entadel-h	1.00	



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Severna Park. Md.

(VRA 15, 4)

Robert S. Barranco

STATE OF MARYLAND

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260110	1 -	FOR STATE REGISTRAR	DEI	PARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL I TTIFICATE OF DEATH	HYGIENE 8 5	2 4 2 9 4	
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR	
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4 mo	3. SE		4 RACE		ATE OF BIRTH	& AGE TIN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.	
ecte rrs o	1	Female			arch 21, 1907	78	YRS	
1 135		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUR	MA	RRIED NEVER MARRIED	HO 1 + 1 - 1	ore County MD.	
100		Perry Hall	I PHOT IN SUCH FACILITY, GIVE	STREET ADDRESS	2210			
35	13a. S	AL RESIDENCE (IF NURSING JOME O TATE NO COUL	ROTHER INSTITUTION GIVE RESIDENC NTY 13L CITY OF BA	E BEFORE ADMISS R TOWN L timor	13d. INSIDE CITY LIMITS YES TOTAL NO	13e.STREET ADDRESS / ZI 5528 Whit	by Road 21206	
11110]4. FA	THER'S NAME	MIDDLE LA		15 MOTHER'S MAIDEN			
1000		William	E. Ear		Della	C.	Clemm	
(F)0	16a V	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	SECURITY		ADDRESS		
		es, no or unknown) (IF YES, GI	215-0	9-862	Joyce M.	Schiffer 4217	Garland Ave. 21206	
equires that the death in signed by the otteno. Then please remove corrio buriol, cremotion, corrigiory, or other troumo	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	Plas SEQUENCE O	- Comeny	ingspinal Min.	ION GIVEN IN PART 1/0	
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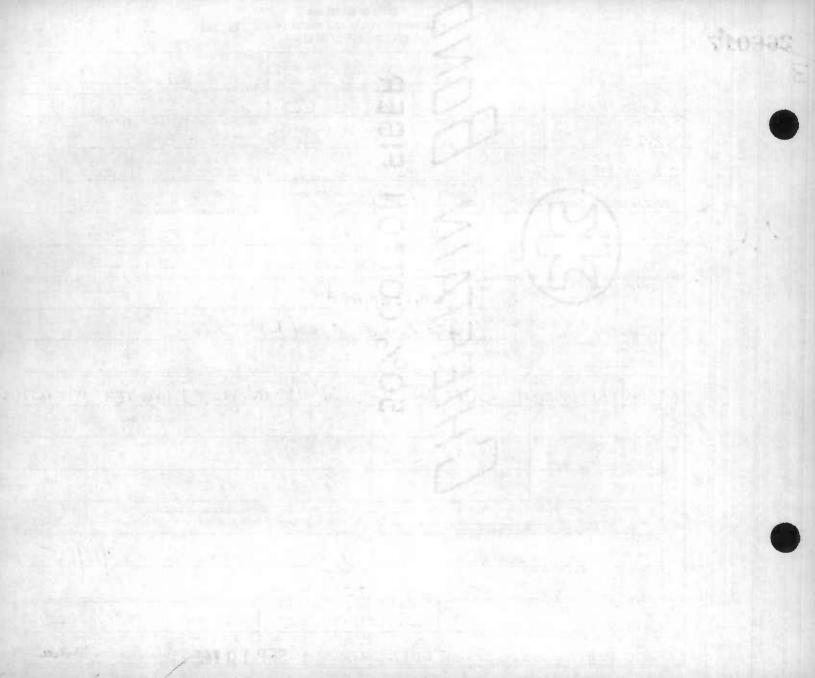
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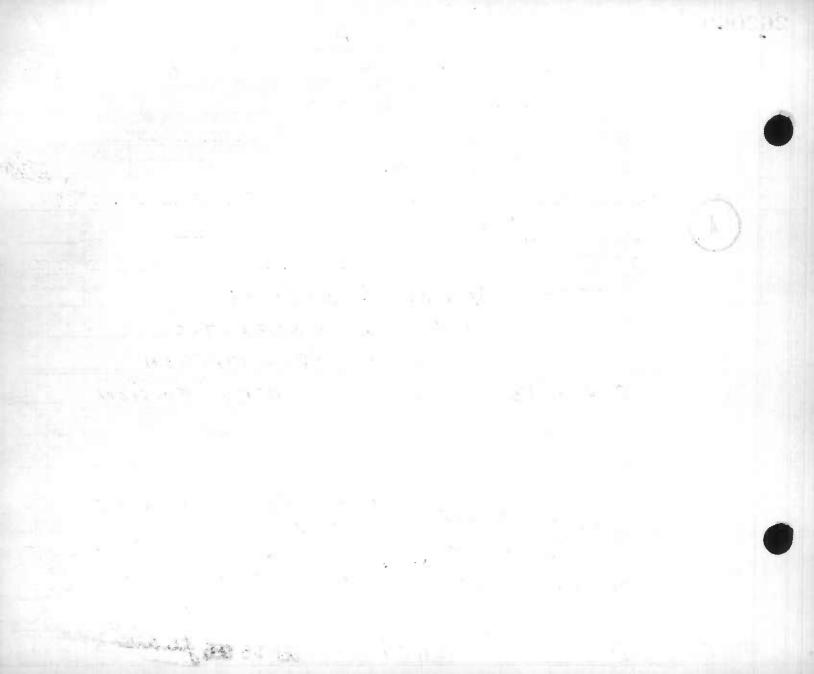
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od co		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS		
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OR A DIRECTOR DIRECTOR OF THE DEPT.		22b. SIGNATURE			DEGREE		22¢ DATES	IGNED
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5 g 5 d y M	2 3a	BURIAL, CREMATION, REMOVA		-	EMETERY OR CREMATORY	23d. LOCATION		200
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DHMH - 16 60M 7/84 (VRA 15, 4)	T	homas D	tcher&Son F.	H. West	minster, SE	P 1 1 1985 July	L Davidson-19	Monthe

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STATE OF MARYLAND

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STATE OF MARYLAND FOR

And Amilberty Road Randallstown, Maryland 21133

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6:20		Client	*	

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- STATE 253083 REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Mrs. Charlotte Mae Bassler 1985 September 4 5. DATE OF BIRTH 4 RACE 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR August 12 1920 Female Caucasian TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia United States Baltimore WIDOWED O CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR YPE OF WORK FOR MOST OF WORKING LIFE Randallstown Baltimore County General Hospital SUAL RESIDENCE 14 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION!

39 STATE

Maryland

Baltimore

Randallstown 13d. INSIDE CITY LIMITS? 3604 Anne Hathaway Drive 21133 Maryland Olan H. Simmons Bessie F. (Lipscomb) 17 INMES AN JACQUELINE AVERSA ADDRESS 21048 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 232-26-1366 515 Dellview Drive Finksburg Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARDIO RESPIRATORY IMMEDIATE CAUSE 10 YOCARDIAL INFARCTION Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and have and from the causes stated obave, (1) (we) (did) (did not view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PR BALIMORE COUNTY 65 NERAL HOSPIT 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Cremetion Westview Crematory Catonsville Baltimore Maryland

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH

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24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

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269016	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
e 3	TYPE OR PRINT) GRA	CE C.	BEACH	20. DATE OF DEATH MONTH DAY SEPTEMBER 20, I
ge 4 may	3. SEX Female	4. RACE White	Sept. 1,1900m1	6. AGE (IN YEARS LAST BIRTHDAY) IF LEADING MON
eath. Pa	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	Baltimore County or Baltimore Co.
s ofter d	Ockesyville	11 NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET A Mary Land Masoni	G HOME OR OTHER INSTITUTION ADDRESS! LC Homes	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Registered Nurse
24 hour	USUAL RESIDENCE IF NURSING OME OF 130. STATE		N 134. INSIDE CITY LIMITS?	130. STREET ADDRESS 4409 Marble Hall
1.0	14. FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	ME

21218 Rd. LAST George Crotsley Emma R. Nunnally ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) 215-32-1548 Records-Maryland Masonic Homes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 200 AUTOPSY? 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER 211. LOCATION 21d. INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased from saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (aid) (did nat) view the bady after death DEGREE 22b. SIGNATURE MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAL TYPE OR PRINT) 220. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

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24 FUNERAL DIRECTOR

Burial

Sept. 23,1985

Parkwood

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Parkville, Balto. Co., Marylan

- - wirdson- pondesse

2b. HOUR

12b. KIND OF BUSINESS OR Medical

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IF UNDER 24 HRS

1985

DEATH

INDER I YEAR

6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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(VRA 15, 4)

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[TYPE OR PRINT]

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH 2b. HOUR AGE (INTERRELASI BRIHDAY) 6.250 IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH COUNTY 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Letter Carrier Post Office 13e.STREET ADDRESS / ZIP CODE 1210 DALTON RD Colles ADDRESS 1210 Dalton Road

20h. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

CITY OR TOWN COUNTY

and that in (my) (con opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

8106 Harford Rd. Baltimore. Md .

23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OF TOWN COUNTY Baltimore

24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Leonard J. Ruck Inc. Baltimore, Maryland

10-3-85

Baltimore

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of Participation	13a S	TATE	3P CORN	TY	13c. CITY OR 1	TOWN	13d. INSIDE CITY LIA		Be.STREET ADDRESS	/ ZIP CODE	S	hehan
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CONTRACTOR OF THE PARTY	. (SPECIFY)	EMOVAL	73b. DATE			EMETERY OR CREMA	ATORY	THE GREEN	01	COUNTY	STATE
BP		rial JNERAL DIRECTOR	75.	9-7-85		Morelan		25a DATE D	Parkville REC'D. BY REGISTRAR		Balto.	Md.
DHMH - 16 50M 4/83	1.0	NAME		- 7 **-	ADDR	1050 Yo	rk Rd.	SEP	0		wirdson- R	
(VRA 15, 4)	Ru	ck Towson I	uner	al Home	e, Inc.	Towson,	Ma.21204	OLI	6 1985	as year to	AND THE PROPERTY OF	中の心理。

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	Cont.	,
	5	4

		REGISTRAR				CERTII	ICATE OF E	LATI		REG. NO.			
		EASED NAME	FIRST		AIDDLE	ı	AST		20 DATE OF D	EATH MONTH	DAY YE	AR	2b. HOUR
	(TYPE	OR PRINTI	~ mo	RRIS	8	BECK	ER		9/18/	85			W30 PME
- 1	2 SE)	(4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHDAY	IF UNDER T		IF UNDER 24 HRS
16		MALE		WHIT	2	3	202	9Z	Pixo	2 93 YRS.		DAYS	HOURS MIN.
W.		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D D NEVER	MARRIED [9 BALTIMORE	CITY OR COUNT	Y OF DEAT	Н	
1	,	RUSSIA		USA	1	WIDOWE		VORCED	BAL	TIMORE	Cour	YTI	MD
77	10. CI	TY OR TOWN OF DEA	ATH		OSPITAL, NURSIN	G HOME C	THE STREET		120 USUAL OC	CUPATION	12b. KI	ND OF	F BUSINESS OR
10	1	BALTIMORI	_	_	JAI HOSP	ADDRESS)			SALES	OR MOST OF WORKING	, , , , , ,		NE
1		AL RESIDENCE HENURS				ADMISSION)			SALCES	MITTA			
56		TATE	13h COUN		13c. CITY OR TOW	N	13d. INSIDE C			DRESS / ZIP COL	DC	PT.	
/		ARTLAND	DAG	TIMORE	BALT.		YES .	NO 💢	2807	Dimutso	us C	<u>r. </u>	#21209
10	IA FA	THER'S NAME.		MIDDLE	IAST		15 MOTHER"	S MAIDEN NAA FIRST		MIDDLE		LAST	
20	ν,	ABRAHAM	•	BEC	CKER		F	ROSE			UNK	no	WN
1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMA	MF MF	. ALLEN	VABECKER			
	- 0	NO	(IF TES. GIV	VE WAR OR DATES!	606-66	2295	7 CLIE	FFSIDE C		VINGS MII	LIS. M	D 2	21117
		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a) (b) and	1(01)							MATE INTERVAL
		PART I. DEATH W	AS CAUSE	D BY:	CARDIO	-	010 457,0	V ADD.	EST		de 11		TIGET WIND DENTIL
			IMMEDIA	TE CAUSE (o)				11100			\neg		
		Conditions, if ony, which											
		gove rise to im-		(b)	0277	3	1001						NT-0-
		cause (a), status underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF							
		onderlying coose	1031.	((c)									
	,	PART 2 OTHER SIGI	VIFICANT (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	5												
1)	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPS	3Y2 20b. IF Y	ES, WERE FI		
fre.	E	L							YES N	NON	YES 🗌		NO 🗌
1	8	210. ACCIDENT WAS UN	-	216 TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW IN	JURY OCCURR	ED (ENTERNATUS	RE OF INJURY IN ITEM 18	PART I OR PAR	11 2)	
4	AL	OR CONTRIBUTING		AIR		19							
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATIO				COUNT		
	×	WHILE NOT WE		(AT HOME STR	REET, FACTORY OFFICE F	ARM ETC)	STREET			CITY OR TOWN	COON	*	STATE
		220 I certify that (I)		tal vertended th	e decensed from	9/1:	7	10 85	10 9/	8	10 85	-	that (I) (we) last
		sow the deceas		1111	19	851 .	nd that in (my)	(our) opinion o	leath occurred a	on the date and he	out and Iron		
	l m	obove, (I) (we) (did) (did no	st) view the body	ofter death.		DEGREE						SIGNED
		X. (101	HA.				ATTENDING	MEDICAL	STAFF	191	21	_
		(Jerne)	1	1/01	greso	/4	· U.	PHYSICIAN [DIRECTOR	PHYSICIAN M	17	0	85
		THE PHYSICIAN'S N					22e ADDRES		1,00	de a		1	,
		KENHET	H h-	SHAPIR	l		13 Su	GARLUA	F Cr.	#T-1 BI	ACT.	M	D.

DHMH - 16 50M 4/83

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

SOL (VRA 15, 4) 6010 REISTERSTOWN RD

BURIAL

230 BURIAL, CREMATION, REMOVAL

9/10/05 LEVINSON & BALTO, MD

236 DATE

BROS., INC.

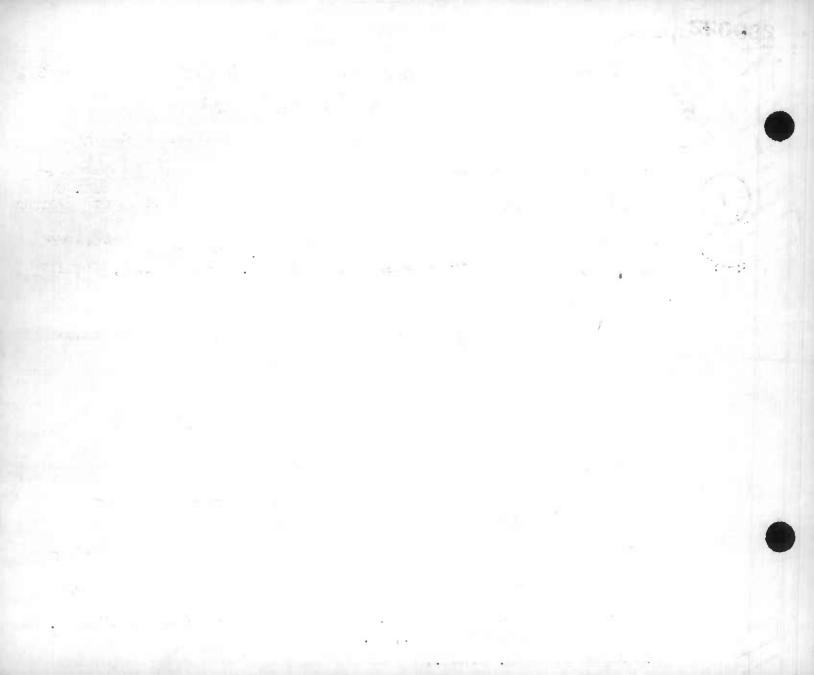
MT. SHARON

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION
SPRINGFIELD

DELAWARE CO. PA

BEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 1985



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	NEO IOTRAM					REG. NO.			
	DECEASED NAME FIRST FUEL OF PRINTS	MIDDLE	Room			2a. DATE OF DEATH M			b. HOUR
-		RACE	Decz 15. DATE OF I			Septembe		1985	7 HeM
,	Female	White	MONTE			89		MONTHS DAYS HOURS MIN.	
70	BIRTHPLACE (STATE OR FOREIGN 76 COUPER)	U.S.A.	MARRIED (NEVER MA	RRIED -	Baltimore City OR	-		
10	Dundalk	1. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, QUE STREET Heritage Nursi			NOITU	12a. USUAL OCCUPATIO (TYPE O WORK FOR MOSTIOF V RETURED		12b. KIND OF I	BUSINESS OR
	SUAL RESIDENCE IF NURS PARE OR OF TATE COUNTY	THER INSTITUTION GIVE RESIDENCE BEFORE 131 GTY OR TOW Bacting	/N 13	Id. INSIDECITY	LIMITS?	13 South L	Prew S	treet 2	21224
1)	FATHER'S NAME JOHN MI	Vaner Vaner	15	MOTHER'S M		WIDDIE		Orosz	
16		ED FORCES? 166 SOCIAL SECU NAR OR DATES! 174-12-7		Vera K		413 S. Drew		£ 21224	4
F	18 CAUSE OF DEATH (Enter only	ane cause pulle re braT	d'Acci	dent		1		APPROXIMA BETWEEN ON	ATE INTERVAL
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ascul			lerotic			
1	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO	THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART IIa	1250 5
Constant	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORM	MED			VERE FINDING	
	OR COMPRESSION CAUSE OF RELEASE	21b. TIME OF INJURY HOUR MONTH DA	AY YEAR 1985			DEAD IN		PAFTER	e 4/501
To Condition	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		If LOCATION STREET		CITY OR TOWN	N .	COUNTY	STATE
	22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did nat)	augun 19	85, and	that in (my) (ex	19 म) apınıan c	death accurred on the date	7 — 19. e and havr a	of 5, the	at (1) we) lost cuses stated
	226. SIGNATURE		_ m	GREE ATT PH	ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	W 🗌	22c. DATE SI	GNED 85
	Enrique A. I			1001 I	Dunda.	lk Ave 21	224		

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
24 FUNERAL DIRECTOR

230 NAME OF CEMETERY OR CREMATORY Oak Laun Cemetery | 180 DATE REC

Cashwood

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

Santon 21, 185 4 M.	2 52	1/2 1/2	
9	10 /	٠٠,	
Public of Joursey	500	U.S.A.	use and
(common)	201	le singe hie see	11 1500
1) out or some 100's	50	szenii sx	- /2/L 7/K
Casage	sus\	SEF CC	5 w O
12012 isome most EV	love rilling	<u></u>	0.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES \ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE 09730 and that in (my (aur)) opinian death occurred an the date and haur and from the causes stated 22c. DATE SIGNED MEDICAL STAFF 6701 N. CHARLES ST. 21204 PHILLIP N. PHILLIPS, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE 10/1/85 Green Mount Cremation Balto. 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Balto., MD 4905 York Road 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MIDDLE

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IF UNDER LYEAR

INDUSTRY

Same

26 HOUR

126 KIND OF BUSINESS OR

Own Home

Perry

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

11:15A

IF UNDER 21 HRS

DHMH - 16 60M 7/84 (VRA 15. 4)

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- STATE

REGISTRAR

For als - White Luly 21, 1268

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Cremetton 10/1/35 Groom Waynt Balto., L. Waynt

I sono W. Jankins & anna Co.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH 2h HOUR 3 SEX AGE (IN YEARS LAST BIRTHDAY) MONTH ale BLACK (YRS THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND County CITY OR TOWN OF DEATH LTYRE OF WORK FOR MOST OF WORKING LIFE! Supervisor Past Office SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 135 COUNTY 13. STREET ADDRESS ZIP GODE Street 21216 BALTIMORE MARYLAND EFATHER'S NAME MIDDLE MIDDLE Letitia Bell Burgess Lorenzo ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Yes 216-14-3346 Garland Taylor, 3406 Fairview Avenue WWII 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY dreevora DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) ottended the deceased from Aug sow the deceased alive on Sept. 20, abave (1) (ve) (did) (did not) view the body after death 10 85 _, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN D. 9-24-85 274 PHYSICIAN'S NAME (TYRE OF PRINT) 22e ADDRESS 8630 Liberty Plaza Mall Jerome H. Ginsberg, M. D. Randallstown, Md. 21133 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) BURIAL 9-26-1985 ARBUTUS MEM. BALTIMORE COUNTY PARK NUTLER & SONS FUNERAL HOME, ING. 2501 GWYNNS FALLS PARKWAY, BALTO R 20 REGISTRAR'S SIGNATURE SULLA DUNGLES MANGELLA DHMH - 16 60M 7/B4 (VRA 15, 4)

168071			. 6212mG	6/26	STATE STATE	TE OF MARYLAI	ND LENTAL HYG	SNR A	2 4	3 8 7
TCO011		TATE EGISTRAR		MED	ICAL EXAMIN	ER'S CERTIFI	CATE OF D	EATH R	EG. NO.	
1. DECEASED NAME FIRST					MIDDLE	LAST		20. DATE KNO	WN MONTH	DAY YEAR 26 HOUSE
TO TE			Fmms	helle		Bene	Benedict OF ESTI-			27.081 1/A
12 (888)	3. SEX		4. RACE	S. DATE OF BIRTH	YEQ 9 6 AQ LAYENHO	DE LINDER 1 VA	IF UNDER 24 H		MONTH	DAY YEAR 2d. HOLIR
10050		nale	White	S. DATE OF BIRTH	TAGY LO AL		HOURS MIN	DEAD	June	-71985 /18M
O SECTION OF THE PERSON OF THE	Ke	THPLACE (ST IGN COUNTRY) INTUCKY		76. CITIZEN OF WH	S. A.	MARRIED NE	EVER MARRIED (7.311	ore, Co	Y OF DEATH MD.
ELAY IS TO THE V PAGE SS.30	1	OWSON	/	Greater 1	PITAL, NURSING HOME SULTING TO MESSES	edical Ce	nter 120.	USUAL OCCUPATIO FOR MOST OF WORKING LI Housewife	N (TYPE OF WORK	Domestic
21201 IF ANY DEL 2, AND 3 TO 3. RETAIN P SHOULD BIP TRECORDS,	139. SZ	hio	F.I.	OR OTHER INSTITUTION, GIV Canklin	13c. City or town	YES T	CITY LIMITS? 13e	STREET ADDRESS 2	9 South	39943209 Broadleigh Roa
BALTIMORE, MD. 2 RS AFTER DEATH. GIVE PAGES 1, 2 WITH FORM PM 3 PAGES 1 AMOR 2 DIVISION OF VITAL	M. FA	HER'S NAME		MIDDLE	LAST		ER'S MAIDEN N	AME		LAST
ORE,	16a. W	W111 AS DECEASED	EVER IN U.S. AF	MED FORCES?	Berr	Y NO. 17. INFOR	Myrtle	AD	DRESS	Pigg
LITIMO AFTER IVE PA IVE PA ISION		, NO, OR UNKNO		E WAR OR DATES)	379-36-56	J1.1				h Cassingham
BALTIURS AI WITH WITH DINKSIN		NO 18. CAUSE O	E DE ATH (F-A	nly one cause per line	(a) (b) and (c)	IRich:	ard A. B	enedict	Bexley,	
S, 301 W. PRESTON ST., I ECUTED WITHIN 24 HOU S'' IN PENCIL IN ITEM 18. AL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. ND MENTAL HYGIENE, D NN, OR REMOVAL.		Canditian	ATH WAS CAUSE IMMEDIA is, if ony, which to immediate stating the under	TE CAUSE (o). DUE TO, OR (b).	seels 1	lalez	Wdist	Intar SCON	CTION_	5 tyes
IL RECORDS, 30 DULD BE EXECU I'' PENDING" IN I''R AEDICAL E SEE AS A BURL F HEALTH AND CREMATION, C	NO	PART 2 DTHER SIG			UT NOT RELATED TO THE TERM			ıl.		
TALRE HOULD CHIEF A USED OF HE	5	IM. DAIL OF	OFERATION	198. CONDIT	ION FOR WHICH OPER	ATION WAS PERFOR	KMED?			20. AUTOPSY?
ISION OF VI	DICAL	UNDERLYING CONTRIBUTION	OCCURRED	DEATH P.M. 21e. PLACE O	MONTH DAY YEAR 19 FINJURY (ATHOME,	21f. LOCATION	Y OCCURRED (EP	NTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	YES NO -
552055	¥	WHILE AT WORK	NOT WHILE [STREET, FACTO	ORY, FARM, ETC.)	STREET		CITY OR TOWN	COU	NTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WAS PAGE A SHOULD BE FORWATO FUNERAL DIRECTOR: PAGE MAFTER DEATH, WITH THE STAND BALTMORE, MARYLAND, 2120			y that I took char ed from Natu	ge af the remoins des		Autopsy ,	SPECIFIC	Inquiry , addetermined manner	ond in my opi	6/0/01
TO ME BAGE TO FU		TYPE OR PRIN	1T)			ADDRESS_				
ACA BEACA	23a. BU (SPI	RIAL, CREMAT ECIFY) Buri	ION,REMOVAL	23b. DATE 6-13-85		METERY OR CREMAT		LOCATION CITY OR TOWN Columbus	Frankli	
199 DHMH-17		NERAL DIREC	TOR		Foresti	awn Cemete	25d DATE REC'D		REGISTRAR'S SH	GNATURE
(VR A15 ME (5)) 30M 7/73	Ma	rzullo	F. S.	Reiste	rstown , Mar	yland	JUN 1	1 1985	dia Davidso	n-Handell

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	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AN
STATE REGISTRAR	CERTIFICATE OF

LAND D MENTAL HYGIENE CERTIFICATE OF DEATH

2	4	3	0	8
3. NO.				9
SEPT.	20,1	YEAR 1985	26 HO	1.00pm
ST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
	MONTHS	DATS	HOURS	MIN.

П		NEO STRAK					REG. NO.		
		CEASED NAME FIRST WILLIAM		BEN	JAMIN	20 DATE OF DE	SEPT.	20,1985	26 HOUR 4,00
		MALE	WHITE	S. DATE C	1L 33, 1917	6. AGE (IN YEARS	8 YRS	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
?		RIHPLACE (STATE OR FOREIGN OUNTRY) PEGANTOUN WIVA,	U.S.A.	OUNTRY? 8 MARRIEI WIDOWE	DENEVER MARRIED DO DIVORCED	BAL	TO. C	D.	M
1	PA	RKVILLE	7900 ARI	L, NURSING HOME OF SIVE STREET ADDRESS!	PVE		CUPATION MOST OF WORKING PAIRM AN		BUSINESS OR
3	13a. S	MD. 13AL	TO, CO. 13 CIT	OR TOWN	13d INSIDE CITY LIMITS?	7900	RESS ZIP CO	ORE A	VE 1
1	BE	THER'S NAME ENJAMIN	B. BEN.	JAMIN	LAURA			CROB	IE
	16a W		MED FORCES? 166 SOC VE WAR OR DATES! 213	-07-1772	FAMIL	-Y 7250	ADDRESS CORDS		,
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	D BY.	a), (b), and ic	Infarctor				nate interval enset and death
	1	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	rosary (l'	try Disens	e, any	una	8.	-10 year
	NOI	PART 2 OTHER SIGNIFICANT (fort failine	. Denhu	NOT RELATED TO THE TER	ma, Aos	to Sper	nesio	
2	CERTIFICATION	8/85 7/85	Coronay	Bypass	N WAS PERFORMED Surgery	200 AUTOPS YES N	IN CER	ES, WERE FINDIN TIFYING CAUSES YES []	
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	Ath.	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM	8 PART I OR PART 2)	
	MEDICAL	WHILE OCCURRED WHILE NOT WHILE OF WORK	21e. PLACE OF INJUR (AT HOME, STREET FACTO		211 LOCATION STREET	C	TY OR TOWN	COUNTY	STATE
		220 L certify that (1) (this hospi saw the deceased alive an abave, (1) (we) (did) (did no	Scist 9.	19 8.5 or	nd that in (my) (aur) opiniar	, to	n the date and h		that (I) (we) los couses stoted
		226. SIGNATOR	Maria u.	_	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN [220 DATES	3/85
		27d PHYSICIAN'S NAME (TYPE C			27e ADDRESS	15,11000	HOS	PT	

230. BURIAL, CREMATION, REMOVAL
BURIAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

orked or Item 18 sp

IMPORTANT: If Item 21 is should be detoched

23b. DATE SEPT

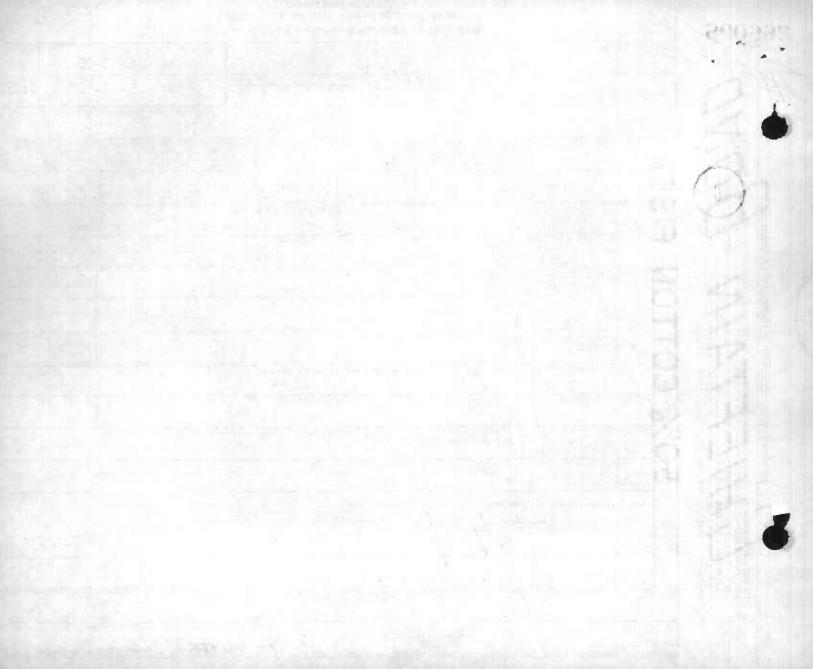
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2660	906	1	STATE REGISTRAR			ME	DICAL EXA	MINER'S	CERTIFI	CATE OF D	EATH ,	REG. NO.		
			CEASED NAA	AE FIRST		- 13	WIDDLE		LAST		20 DATE KNO	HINOM I NWC	DAY YEAR	26 HOU
- W	8 K W L		LORPRINT	FC	WARD		F		REN.	NETT	OF ES DEATH MA	TED 09-13	3-8519	
74	PE SE	1. SE		4. RACE		TE OF BIRTH	YEAR LAS	E (IN YEARS IF L	NDER 1 YR.	IF UNDER 24 HI		MONTH	DAY YEA	3:55
H &	N 2 S S S S S S S S S S S S S S S S S S	Ma	ale	Caucasi	an Fe	b. 26,		54 YRS.	THS DAYS	HOURS MIN.	PRONOUNCED DEAD	9-13	3-85 ₁₀	3:55
1 5	AND THE REAL PROPERTY.		RTHPLACE (STATE OR			HAT COUNTRY?	10	PIED NI	EVER MARRIED D	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
6 \$	ASE C		aryland	_	U	S.A.			WED [DIVORCED (Baltim	ore Cour	ity	44
0	HANG.		TY OR TOWN			AME OF HOS	PITAL, NURSING	HOME, OR OT	HER INSTITU	UTION 120	USUAL OCCUPATION	ON (TYPE OF WORK	12b. KIND OF	BUSINESS
NEAY NEAY	CARE C		Owings		(#		Spaint R				Machine	Operator	OR INDUS Nation	ial Ca
BALTIMORE, MD, 21261		Ma	arylano	l Ba	ME OR OTHER UNTY 1timo		13c. CITY OR TO Owings	Mills Mills	13d INSIDE YES	CITY LIMITS? 13e	STREET ADDRESS Millpain	t Rd. Ap	£. 20	17
M H	JAM.		ATHER'S NAM	E	MIDDL	E	LAST		15. MOTH	ER'S MAIDEN NA	ME		LAST	
DEA.	19 - 20 C		vard		F.		Bennet		Mary		Frances		Jares)	
TIMO	V OFF	16a. \	VAS DECEAS ES, NO, OR UNKN		IVE WAR OR I	DATES)	16b. SOCIAL SE	CURITY NO.	17 INFOR		6 Mil	lpaint R	d. Apt.	2C
IAL SA	1 SSP /	Ye	es	195	3-195	5	216-28-	-0154	Chery	1 Jenkir	owing	s Mills,	MD. 21	117
7 80	B A L O	3	18 CAUSE	OF DEATH (Enter	anly ane o	ouse per line	far (a), (b), and (c).)	187				APPROXIMA	ATE INTERVAL
N A	AND A	-	PARILD	IMMED	IATE CAU	SE (a) A	rteriosc	lerotic	card	iovascul	ar diseas	e		
N 25	NAST PA				1	DUE TO, OR	AS A CONSEQU	ENCE OF						
# E	SEASE			ons, if any, wh ise to immedia		(b)								
* Q	A WE A	-	couse (couse (couse)	i) stating the <u>und</u>	er-	DUE TO, OR	AS A CONSEQUI	NCE OF				100	2200	
2 20	ZAZAZA ZAZAZA				((c)								
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38 6	SASAS -	CERTIFICATION			E.									
AL R	D T S T S	CA	190 DATE O	FOPERATION	100	196 CONDIT	ION FOR WHICH	OPERATION	VAS PERFO	RMED?		-2019	20 AUTOPS	Υ?
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A II	A TONO			AL CAUSE WAS	197	11b. TIME OF HOUR A.M	MONTH DAY	YEAR 21c. I	NULVI WOI	Y OCCURRED (EN	TER NATURE OF INJURY IN	ITEM 18 PART 1 OR PA	RT 2)	
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\$ 8	DED DED	NE S	21d INJURY WHILE			STREET, FACT	OF INJURY (AT HE ORY, FARM, ETC.)	DME, 211 LG	CATION STREET		CITY OR TOWN	co	UNTY	STATE
물	WAR WAR WAG	200	AT WORK	NOT WHILE										
- 6	SES SES		22a I cert	ify that I taak ch	arge of the	remoins des	cribed abaye, hel	dan Auto	osy .	Inspection X	, Inquiry	, ond in my ap	pinion	
Nam.	A FIRE		death resul	ted from No	tural caus	a Kar	Accident .	Suicide], Hami	icide Un	determined manner			
6 8	AAR WILD					10	1/		TITLE (SPECIFY) S1Stant			0.1	4 05
3	五古五三二		ACTUAL SIGNATURE		-	XU	/		A.DAS	S IS Call L	EDICAL EXAMINER	DATE SIGNE		4-85
9	おおりる	1	EXAMINER'S	NAME CV	0000	, D V	auffman	M D		111 Don	- C+1000+			
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-	more en	(:	PECIFY)	ATION, REMOVA				OF CEMETERY			LOCATION	COU	NTY	STATE
07/84 B	P		rial	CTOR	Sept	. 20,	85 Lake	View M	emoria	l Park S	ykesville	e, Carro	11 Mar	yland
	DHMH - 17									DATE REC'D.	BY REGISTRAR 25	b. REGISTRAR'S S	IGNATURE	
(VF	R A15 ME (5))	872	8 Libe	rty Roa	d Ra	ndalle	town Ma	ryland	21133	SEP 1	O MOE	Colia Mount	. 702 -	44

Part #2 eliminate 9/30/85 mtb F#6(STATE OF MARYLAND



CTATE OF MADVIAND FOR STATE REGISTRAR

DEPARTMENT	OF	HEAL	TH	AND	MENTAL	HYGIENE
CEI	RTI	FIC	ATE	OF	DEATH	

STATE OF MARTEMED	100	,	400	
TMENT OF HEALTH AND MENTAL HYGIENE	ö	Ċ	2	4
CERTIFICATE OF DEATH				,
		REG NO		

	CEASED NAME	hn		ADDLE	Bennett		September 2	ONTH	DAY YEAR	26 HOUR
3. SE.			RACE		DATE OF BIRTH		AGE (IN YEARS LAST BIRTH	•	I FUNDER I YEAR	6:08A M
	MALE		WHITE	,	MONTH DAY	/ 1922	63	YRS	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY? 8	MARRIED X NEVER MA	RRIED -	BALTIMORE CITY OR			
	MARYLAND		U.S.A.	• w	IDOWED DIV	ORCED [Baltimore			MD.
	OSSVILLE			NEASQUARE HO	OME OR OTHER INSTITUTE OF THE STATE OF THE S	UTION	AUTO WORKER		GENER	AL MOTOR
USU.	AL RESIDENCE (IF NURS	13b COUNT	Υ	130 CITY OR TOWN	13d. INSIDE CIT	250	13e STREET ADDRESS / 2			01006
	RYLAND ATHERS NAME	LBALTI	MORF	BALTIMORE	YES 15. MOTHER'S	NAIDEN NAM	5940 DAYBRE	AK	ERRACE	21206
	WILLIAM	M	BENI	NETT	FI	RTHA	MIDDLE		EISENHÁÎ	DER
(WAS DECEASED EVER YES, NO OR UNKNOWN) 'ES		WAR OR DATES)	215 16 70			ADDRESS			ORE MD. E 21206
	Conditions, if any, gove rise to imm cause (a , statin underlying couse	nediate g the	DUE TO, OF	RAS A CONSEQUENCE CARDIAC AS A CONSEQUENCE	/stole		÷			
NO	PART 2 OTHER SIGN			Previous ma			ALD DISEASE OR CONDI	TION G	IVEN IN PART 110	
IFICATION	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING TO DEA		O THE TERMIN	NAL DISEASE OR CONDI	20b. IF YE	ES, WERE FINDIN	GS USED OF DEATH?
CAL CERTIFICATION		TION DERLYING CAUSE OF DEAT	196 CONDI	DITRIBUTING TO DEA TION FOR WHICH OP FINJURY M. MONTH DAY	TH BUT NOT RELATED T ERATION WAS PERFOR.	O THE TERMIN	NAL DISEASE OR CONDI	20b. IF YE IN CERT Y	ES, WERE FINDIN IFYING CAUSES 'ES []	IGS USED
MEDICAL CERTIFICATION	190. DATE OF OPERA 210. ACCIDENT WAS UND OR CONTRIBUTING	TION DERLYING CAUSE OF DEAT CALEXAMINER!	19b CONDI 19b CONDI 21b. TIME OF HOUR A./ P./ 21e PLACE (NTRIBUTING TO DEA TION FOR WHICH OP FINJURY M. MONTH DAY M.	ERATION WAS PERFORA YEAR 19 711 LOCATION	O THE TERMIN	20a AUTOPSY? YES NOX	20b. IF YE IN CERT Y	ES, WERE FINDIN IFYING CAUSES 'ES []	GS USED OF DEATH?
	19a. DATE OF OPERA: 21a. ACCIDENT WAS UNIT OR CONTRIBUTING 1 1 19E EITHER. NOTIFY MEDIT 21d INJURY OCCUR! WHILE NOT WHAT WORK NOT WHAT WORK 27a. I certify that 1 5 ow the decease obove. Natwood	DERLYING CAUSE OF DEAT CALEXAMINER! RED WITH CALEXAMINER! RED WITH CALEXAMINER!	19b CONDI 19b CONDI 21b TIME O HOUR A./ P./ 21e PLACE C (AT HOME, STR	TION FOR WHICH OP FINJURY M. MONTH DAY M. DE INJURY EET, FACTORY OFFICE FARM e deceosed from Set	ERATION WAS PERFORM YEAR 19 211 HOW INJUSTINE THE BUT NOT RELATED TO	O THE TERMIN MED URY OCCURRE	200 AUTOPSY? YES NOTER NATURE OF INJURY	20b. IF YE IN CERT Y	ES, WERE FINDIN IFYING CAUSES (ES	IGS USED OF DEATH? NO STATE
	19a. DATE OF OPERATION OF CONTRIBUTING TO SET THE MOTHER MO	DERLYING CAUSE OF DEAT CALEXAMINER! RED Nothis hospite and olive on S did) (dto on S	216. TIME OF HOUR A./ 216. PLACE (141 HOME, STR.) ottended the	TION FOR WHICH OP FINJURY M. MONTH DAY M. DE INJURY EET, FACTORY OFFICE FARM e deceosed from Set	TH BUT NOT RELATED TO ERATION WAS PERFORE YEAR 19 211 LOCATION STREET DEGREE AT PH	O THE TERMIN MED URY OCCURRE 19.85 TOPINION del	200 AUTOPSY? YES NCX D (ENTER NATURE OF INJURY CITY OR TOWN	20b. IF YE IN CERT Y IN ITEM 18	ES, WERE FINDIN IFYING CAUSES (ES	STATE STATE that X (we) last causes stated SIGNED
	210. ACCIDENT WAS UNIT. OR CONTRIBUTING (IN EITHER NOTIFY MEDIT AT WORK NOTIFY MEDIT SOW THE NOTIFY MEDIT SOW THE GREEDS ODOVE, N. (WE) (C 220. I Certify that 7 SOW THE GREEDS ODOVE, N. (WE) (C 220. SIGNATURE) 221. PHYSICIAN'S N.	DERLYING CAUSE OF DEAT CALEXAMINER! RED Withis hospite and olive on Sidd (drawn) AME (Type or	216. TIME OF HOUR A./ 216. PLACE (141 HOME, STR.) ottended the	TION FOR WHICH OP FINJURY M. MONTH DAY M. DE INJURY EET, FACTORY OFFICE FARM e deceosed from Set	TH BUT NOT RELATED TO THE BUT NOT RELATED TO	O THE TERMIN MED URY OCCURRE 19.85 July opinion de TENDING TENDING TYSICIAN	20a AUTOPSY? YES NCX D (ENTER NATURE OF INJURY CITY OR TOWN to September oth occurred on the date	20b. IF YE IN CERT Y IN ITEM 18	COUNTY 19 85 Our and from the 1220 220 DATE 9-29	STATE STATE that X (we) last causes stated SIGNED

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

IMPORTANT. If them 21 is marked at them 18 shows any

7110 Belair Road Baltimore, Md 21206 (VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 5 REG. NO.

2 4 3

		CEASED NAME OR PRINT)	Otto	N	Bio	cke1	AST		September		PAY YEAR	9:46p
1	3 SEX	<		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
,	1	Male	1	White		MONTH 2		PO	95	YRS.		HOURS MIN.
A	C	RTHPLACE (STATE OR F		76 CITIZEN OF V	WHAT COUNTR	MARRIE	D NEVER MARR	IED 🗆	Baltimore city of			
4		nnsylvania		U.S.	OSPITAL NUR	WIDOWE	DR OTHER INSTITUT		12a USUAL OCCUPAT			MD. OF BUSINESS OR
7	n	Balto.		Frankl	in Squa	re Hosp			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Worker Hat			
1	13a S	Md.	136 COUN		GIVE RESIDENCE BEI 130 CITY OR TO ESSEX	NWC	13d. INSIDE CITY LI YES NO		302 River	/ ZIP COD	Drive	21221
0	14 FA	John	,	WIDDLE	Bickel		15 MOTHER'S MA Elizal		E WIDDLE		Tysc	on on
		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SE 212-05		Mr. Bri	uce B	ickel 1	30 Exxex	2½ River	rside Dr.
		18 CAUSE OF DEATH PART 1. DEATH W	AS CAUSE	y one couse per O BY: E CAUSE (o)			ry Arrest				BETWEEN	IMATE INTERVAL ONSET AND DEATH
8	CERTIFICATION	Conditions, if ony, gave rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL	nediote g the lost.	DUE TO, OR	Probable Probable ONTRIBUTING T	E Myoca	brillation ardial Inf	arcti	I ON NAL DISEASE OR CON 200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	NGS USED
	TIFIC		183		BILL 19	dia i			YES NOXX		IFYING CAUSES ES []	OF DEATH?
1		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEA	TH HOUR A.A	M. MONTH	DAY YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER MATURE OF INJU	RY IN ITEM 1B	PART 1 OR PART ?)	
	MEDICAL	21d. INJURY OCCURE WHILE AT WORK NOT WH AT WORK	ILE	21e PLACE C	OF INJURY EET_FACTORY, OFFIC	CE FARM ETC }	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		22a. I certify that and saw the decease above. It (we) (a					nd that in Max) (our)		, to _Septemled the description of the descripti		our and from the	
		22b. SIGNATURE	12	relk	m			DING ICIAN	MEDICAL STA	FF CIAN []	9-29	9-985
		J. M.		off, M.	D.		9000 Fra	ankli	n Square D	rive	21237	
	23a. B	URIAL, CREMATION, SPECIFY) Remove		236 DATE 9/30/		R NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	24 FU	INERAL DIRECTOR NAME Anat	Boa comy <i>E</i>	ard Solakd	ADDRES	s Balto	o., Md.	250 DATE OCT	PEC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE
1								W. 150		0	makini rappilitation a ten	1

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

262131 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2n. DATE OF DEATH 1 DECEASED NAME (TYPE OR PRINT) Birckhead ETHEL H. 09 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAD Female DAY White 05 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE COUNTY. Marvland WIDOWEDER DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TOWSON Bank Teller USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 113K COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore YES TY 3206 Tyndale Rd. A FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE Clarance Hollenshade Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES IAN SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN LIF YES GIVE WAR OR DATEST 217-14-1158 Mrs. Lee Hollenshade 912 Rappaix Ct. 21204 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (o) METABOLIC DERANGEMENT SECONDARY TO RENAL FAILURE Conditions, if ony, which gove rise to immediate couse (o), stoting the RECURRENT OVARIAN CARCINOMA underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 716 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 51 CITY OF TOWN (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (II (this hospital) attended the deceased from sow the deceased alive on 9/10
obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

DHMH - 16 60M 7/B4 (VRA 15, 4)

Mitchell-Wiedefeld

Burial

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

FOR

MICHAEL Q. SMITH, M.D.

23b DATE

6500 York Rd.

230 NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GBMC - 6701 N. CHARLES STREET

23d LOCATION

CITY OF TOWN

Baltimore

250 DATE REC'D. BY REGISTRARI256, REGISTRAR'S SIGNATURE

COUNTY

COUNTY

22c. DATE SIGNED

STATE

STATE

2h HOUR

12b. KIND OF BUSINESS OR

6:00A M

10

185

IF UNDER 1 YEAR

INDUSTRY

21214

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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	Security County			nick booting
malista	l complete		die Herri	all diffinit
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ESTS:		Arm Bully L. John IIII 10702 Deut Ar	S011=10=X1	

Le ling By a Piliteral Micolaire, Juc.

8723 Mosty Feet Technology Long, Park Fred 27153

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 275011 REGISTRAR I. DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-ANDREW JOHN BLACK DEATH MATED 21 19 85 4. RACE 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 5. DATE OF BIRTH SEX 2c. DATE PRONOUNCED 25,1966 White Nov. Male 19 85 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) U.S.A. Baltimore County Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Shoes FOR MOST OF WORKING LIFE)
Sales Owings Mills shed - 6 Wengate Rd. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS YES NOW 6 Wengat Balto. Owings Mills 21117 6 Wengate Rd. Md. IS. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Black LAST MaryJane Black Albert Ernest 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 6 Wengate Rd., (YES, NO, OR UNKNOWN) 214-62-3273 Ernest Black Owings Mills, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR ? P.M. 9-21-10 85 Subject hanged self. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 WHILE AT WORK shed 6 Wengate Rd., Owings Mills, Baltimore MD 4 SHOULD BE FORWAR UNERAL DIRECTOR: PAGE ODEATH, WITH THE 22e I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion Suicide X Homicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9-22-85 SIGNATURE. EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 PAGE 4
TO FUN
AFTER C (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sept. 25, 1985 All Saints Cemetery SPEC Burial Reisterstown, Balto., Md. 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Owings Mills, Md. (VR A15 ME (5))

STATE OF MARYLAND

Note Walto for 25,1966; 18

. I. F. J

BELLEVILLE STATE HALLON MG.

12 Junistina Market

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25-62-7875 Gradus Mise's hard Mills 1127

Edito. wings Mills

Words a minima III Topi Piones Asbert

from Robbins of Tradition Millian Mar.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death arrival and within 24 hours offer death. Page 4 may be	retained by the hospitol or ottending physicion. TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending the completely filled in by the funeral director, page 3 should be detected for use as the burial-transit permit. Then please remove containing them, and 2 should be filed within 72 hours ofter death	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removed. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical examiner myst be positived at above.
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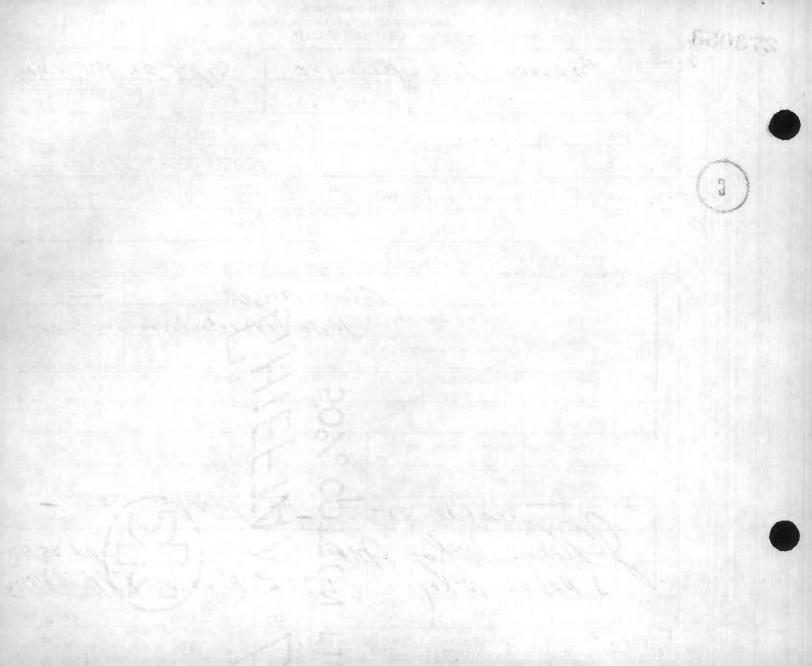
BP_

DHMH - 16 50M 1/B1 (VRA 15, 4)

-	1.	FOR - STATE		DEPA	RTMENT OF H	E OF MARYLAND	TAL HYGII	ENE 8 5	2	4 3	16	
		REGISTRAR				ICATE OF DEA		REG.		11:03	4	
		CEASED NAME FIRST	٨	AIDDLE	Į.	AST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
		GRACE		C.	BI	LACKWAY	- 4		8 31	. 85	8:00	PM
	3 SE	X	4 RACE		5. DATE C			AGE (IN YEARS LAST		FUNDER 1 YEAR	IF UNDER 24 HR	
		Female	White		1 MONTH	29	20	65	YRS.	ONTHS DAYS	HOURS MI	4.
1	7a B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	Th CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MAR	RIED -	BALTIMORE CITY	OR COUNTY	OF DEATH		
2		aryland	U.S	3.	WIDOWE	DIVOR	RCED	Balto. C	ounty		/	MD.
1	10 C	ITY OR TOWN OF DEATH		OSPITAL, NUR		OR OTHER INSTITU	TION	120. USUAL OCCUPA	TION		OF BUSINESS C	OR
1		Perry Hall			n Hill	Rd.	200	Clerk	OF WORKING LIFE		Securi	tv
1	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION		1			1000.	DCCULI	<u></u>
H	1000	Md.		Perry		YES NO	D	3e STREET ADDRESS		D.d.	21120	
-	-	ATHER'S NAME		ICLLY	naii	15. MOTHER'S MA			an niii	. Ru.	21128	_
4			AIDDLE	LAST		FIRS		WIDDLE		LA	.ST	
1	_	Clinton WAS DECEASED EVER IN U.S. AR	AFD FORCECS	Cook		Rose		400	RESS	God	win	
		YES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	100 SOCIAL SI	ECURITY NO.	II INFORMANT		ADD	KESS			
		No		217-1	8-9783	Ms.	June M	loran	Same as	#13		
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OF DUE TO, OF (c)	AS A CONSE	OUENCE OF	Direction	niti dic (Pance 1	o		KIMATE INTERVAL ONSET AND DEAT	
	TION	PART 2. OTHER SIGNIFICANT C										
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WH	ICH OPERATIO	n was perform	ED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES		NGS USED S OF DEATH? NO	
7		218. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	In a	M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (211 LOCATION STREET		CITY OR	IOWN	COUNTY	STATE	
		220.1 certify that (1) (this haspit saw the deceased alive on	/	71			r) opinion de	to to			that (1) (we) lo	ost
		174 PHYSIGNATURE	200	u lon	e	DEGREE ATTE PHY 122e ADDRESS	NDING SICIAN	MEDICAL ST	AFF ICIAN []	22c DATE	-1G-S	5
		FRANCIS C		INE, M.	D,		. Char	eles St.,	Balto.,	Md.	21204	
		SURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b DATE 9/1/8	A 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3c NAME OF C	EMETERY OR CREA		23d. LOCATION CITY OR TOWN	4	COUNTY	STATE	
	24 FU	UNERAL DIRECTOR NAME Anatomy	Board	ADDRE:		., Md.	SEP	26 1985		ar's signa avidson	TURE Pandelle	

1630 Edmondson AVenue, Catonsville, MD. 21228

(VRA 15, 4)



FOR

STATE OF MARYLAND DEPARTMEN

T OF	HEALTH	AND	MENTAL	HYGIENE	U	2
ERT	IFICATE	OF	DEATH			0.5

1	A	100	- 1
2	4	5	1

١	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			ųλ,
ı	DECE SED NAME FIRST	MIDDLE	2 "	AST	20 DATE OF DEATH MO	ONTH DAY	YEAR 26	HOUR
J	EVA		2001		DEPTEMBER		182	AM
	1. SEX	4 RACE	5 DATE C	DAN	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDE	-	OURS MIN.
H	LEMALE	White	6-	28-1897	88	YRS		
J	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	/	ATH	
	Austrial	V.S.A.	WIDOWE	- 4.80	BALTIMO	REL	-64 N	TY MD.
1	TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, ST. JOSEPH'S	ADDRESS) /	SPITAL	TYPE OF WORK FOR MOST OF W Housewife	VORKING LIFET IND		SUSINESS OR
1	SUAL RESIDENCE (# NURS OU	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13C. CITY OR TOW Balto.	N I	13d INSIDE CITY LIMITS?	3107 Beverl	y Rd. 2	1214	
J	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			191	
0	Unknown	Petrusiow		Love	MIDDLE	Unknow	WII LAST	
7	160 WAS DECEASED EVER IN U.S. AF	NE WILL OR DATES		17 INFORMANT	ADDRESS			- 1
1	O (IF YES, GI	213-52-9	973	Augusta Spal	ding, Same a	s 13e		
	PART I. DEATH WAS CAUSE	inly ane cause po fine far (a), (b), and ED BY:	did Pr	Dung G	Jeun	8	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
	Canditians, if any, which	DUE TO, OR ASIA CONSEOUR	1		Decom		~ -	- /
	gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR ALA CONSEQUE	NCE OF	devic l	cant di	serre	· .	
		CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or condit	LION GIVEN IN E	PART I o	
1	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		206. IF YES, WERE IN CERTIFYING C YES []	CAUSES OF	
1	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR	PARI 21	
	THE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	ARM ETC)	214 LOCATION STREET	CITY OR TOWN	COL	DUNTY	STATE
	22a Leartify that (I) (this hash	atal) attended the deceased from		10	to	10	tha	e (1) /wal lace

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

9-24-85

23c NAME OF CEMETERY OR CREMATORY St. Michael's UkranianBalto.,

22e ADDRESS

DEGREE

ATTENDING

23d LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

March

STATE

14 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

saw the deceased alive an abave, (1)/we) (did) (did not) view the body after death

25 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 23 1985 . na veriason pandelle

	7,01,140,47	no kills	
		• • •	Intribut
Hommo Alex			Section Con-
APPE .N vicewall Cott		od fall	. NA
	moyoll a	woTeletro?	powerfull
ilng, less as 13c out	deed adament (T00-82-F38	

gg_no_o Indant

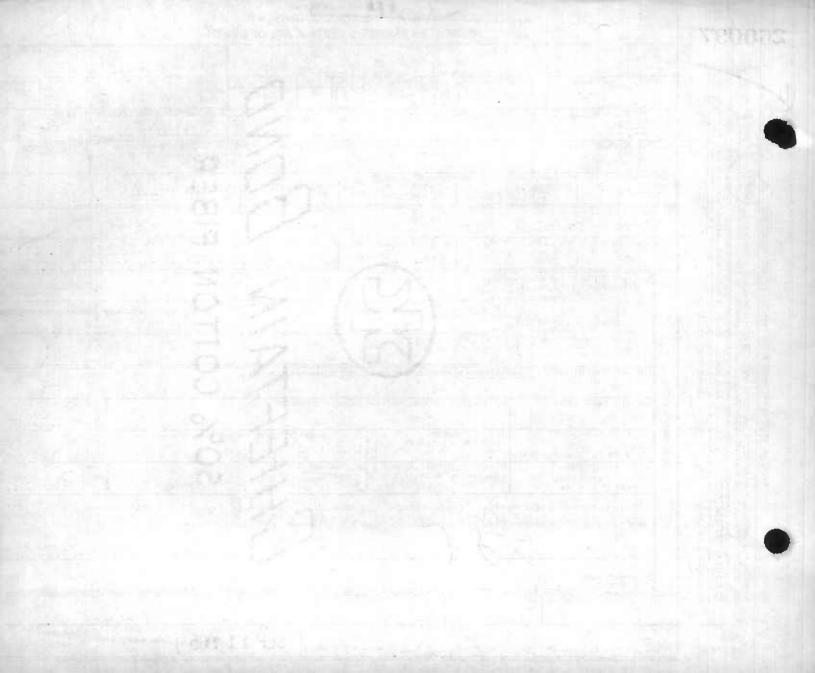
.h. Sighest to Commission of the

Leaning J. Jack, Jack, Lardon M. 10

188 C 9

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 260097 REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED X 85 Garv Broc Bowen 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White Jan. 16 1961 24 DEAD 19 85 P 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore County, WIDOWED . DIVORCED TO CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Chesapeake Bay near Pooles Island Painter SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) Maryland 13e STREET ADDRESS Baltimore 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 1228 Paul Martin Dr. 21040 Edgewood FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robert Samue1 Bowen Marie M. Kelly 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS Lothian Md.20711 (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) no 213-86-5056 Robert Bowen 117LionsCreekMobile Pk 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. Drowning IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL-1 T OF HEALTH AND MEN URIAL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION CATE, WRING F FORWARDED TO THE COSED AS STORE PAGE 3 SHOULD BE USED AS STORE DEPARTMENT OF HEAT 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR AR. TOT 19 85 subject drowned 9/ 21d. INJURY OCCURRED TIE PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE water Chesapeake Bay near Pooles Island, Balto.Co., AT WORK EXECUTE THE CERTIFICATE. I PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 Md. X 228 I certify that I took charge of the remains described above, held an and in my opinion Suicide Homicide L death resulted from: TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9/6/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 234 NAME OF CEMETERY OR CREMATORY Baltimore Md. 07/84 24 FUNERAL DIRECTOR Rossville 25M **DHMH - 17** ADDRESS (VR A15 ME (5)) Connelly Funeral Home 300 Mace Ave. 21221

STATE OF MARYLAND



	1	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	2	13	7 3	1 1
3053	-	STATE REGISTRAR		ME	DICAL EXAMI	NER'S	ERTIFICATE O	FDEATH	REG. N	0.	0 6	0
N		EASED NAME	FIRST		MIDDLE		LAST	20. DA	TE KNOWN F	MONTH	DAY YEAR	2b. HOU
FREET,	{ 11P	E OR PRINT)		Cridmon	Bower			O DEA	TH MATED	9	30 1985	0600
IREE /	3. SEX		acy	Sidney DATE OF BIRTH	6. AGE (IN		DER 1 YR. IF UNDER	24 HRS. 2c. D	ATE ATE	MONTH	DAY YEAR	
11			- 52	MONTH DAY	YEAR LAST BIRTH		HS DAYS HOURS	MIN. PRONO	DUNCED EAD	9	30 1985	1115/
	7a. B1	M Cau	C 7	7 11	03 82	YRS.		9 BAI	TIMORE CITY			1112/
21		REIGN COUNTRY)					IED NEVER MARRI	ED L				
Н		ST VIRGI			USA SPITAL, NURSING HOA	WIDOW			CUPATION (TYP	Count	Y 7b. KIND OF B	MI
	-			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	ick in Still Ottor	FOR MOST OF	WORKING LIFE)		OR INDUS	
\$		L RESIDENCE (IF IN NUR		5 MAIN	STREET	610111		KETI	RED FA	RMER		
2	13a. S	TATE	36 COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS			04474
4		Mp.	BAL	TO.	REISTE	RSTOW			N STRE	ET A	PT.4	21136
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	119
1		GEORGE	E.		WER			ARY	E.		GRA	Y
-		VAS DECEASED EVER I	N U.S. ARME		16b. SOCIAL SECUR		17. INFORMANT		ADDRES			
1		No			234-10-	7215	MRS.MARY	A. ST	EWART	BALT		
		18 CAUSE OF DEATH	(Enter only	ane cause per line	for (a), (b), and (c).)					11.25	APPROXIMA BETWEEN ONS	TE INTERVE
		PART I DEATH WA		CAUSE (a)	ASCVD							
8	10				AS A CONSEQUENCE	OF						
REN		Canditions, if a gave rise to i		(b)							100	
MATION, OR REMOVA		cause (o) stating		<	AS A CONSEQUENCE	OF						
	111	lying cause last.		(c)							1.000	
		PART 2 OTHER SIGNIFICANT	CONDITIONS COL		BUT NOT RELATED TO THE TE	EMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).				
	70											
D	ATI	198. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH OP	RATION W	AS PERFORMED?			No. 200	20 AUTOPS	Y?
9	111										YES 🗆	NO 🗆
5	CERTIFICATION	210. EXTERNAL CAUS	EWAS	216. TIME O		21c. HC	OW INJURY OCCURRE	D (ENTER NATURE C	F INJURY IN ITEM 18	PART 1 OR PART		NO
1		UNDERLYING CONTRIBUTING	R		A. MONTH DAY YEA	AR						
	MEDICAL	CONTRIBUTING C			OF INJURY (AT HOME,	211. LO	CATION					
	ME	WHILE NOT V			TORY, FARM, ETC.)		TREET	CITY O	RTOWN	COUR	YTY	STATE
		AT WORK AT WO	ORK									
		22a. I certify that I	taak charge o	of the remains de	scribed above, held an	Autap	sy , Inspection	n . Inqu	iry 🗓 , or	nd in my opi	nion	
		death resulted fram:	Natural	causes ,	Accident , s	iuicide 🔲	, Hamicide .	Undetermined	manner .			
		0	211	the second			TITLE (SPECIFY)					
d		SIGNATURE AT	asho (Plan /		M	Deputy	MEDICAL EX	AMINER	DATE	9/30/	35
1	-	EVALUE ENGLISHE	N	11	1		Departy		DESTRUCTION.	-		
	1	(TYPE OF PRINT)		7 P	War barren M	D.	ADDRESS 11 F	Chase	St. 212	02		
	23a.B	JRIAL, CREMATION, RE	MOVAL	DATE	23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCATIO		14.76		
		REMATION	10	0/1/85			REMATION		PSTEA	D. MD		STATE
	24. FI	JNERAL DIRECTOR				0	25a. DATE F	REC'D. BY REGIS	TRAR 25b. REG	ISTRAR'S SK	GNATURE	
5))	F.	INF FUNE		OME R	FISTERST	N 1./ N4	Ma. OCT	1 100	c 1.0.	Karida	% .	

STATE OF MARYLAND

WEST VIRGINIA USA

REISTERSTOWN 5 MAIN STREET

ET RETIRED FARMER

Mo. BALTO. REISTERSTOWN 5 MAIN STREET APT.4 21756

GEORGE E. BOWER PARY 'E. GRAY

10 254-10-7815 MRS.MARY A. STEWART BALTO. 10. 212

CREMATION 10/1/85 CARROLL CREMATION HAMPSTEAD, ND.

ELINE FUNERAL HOME REISTERSTONN, PD.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	CASED NAME	Coores II D	WIDDLE	LAST		MONTH DAY YEAR	2b HO
1.56	X	4 RACE		E OF BIRTH	September 6. AGE (IN YEARS LAST BIR		6:3
	Male	Whi	Au		64	YRS DAYS	HOURS
74. 81	Maryland	OREIGN 76 CITIZEN OF		NED NEVER MARRIED	Baltimore	County of DEATH	
10 C	ITY OR TOWN OF DEA	TH 11. NAME OF	HOSPITAL, NURSING HOME		12a USUAL OCCUPAT	ION 126 KIND	
	ossville_	Fra	nklin Square	Hospital	Retired	National F	
130 3		13b COUNTY	N. GIVE RESIDENCE BEFORE ADMISSIO 13c. CITY OR TOWN	N) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
	Md .	Balto.	Essex	YES NOXX	47 Clipper	Rd. 21221	
1	8957	WIDDLE	LAST	FIRST	WIDDLE		ST
16a V	William WAS DECEASED EVER	IN U.S. ARMED FORCES?	Bowers 166 SOCIAL SECURITY NO	Rose 17 INFORMANT	ADDR	Beall Beall	
4	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) WW11	214-18-3673	Bridget Borr	ora 47 Clin	per Rd. 2122	
	IR CAUSE OF DEAT	H (Enter anly ane cause pe			17 0119		MATE INTE
CATION	PART 2 OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CON 20a AUTOPSY? YES NOV	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USE
1 2	210. ACCIDENT WAS UND	the contract of	OF INJURY	21c. HOW INJURY OCCUR			
CERTIF							
HCAL CERTIF	OR CONTRIBUTING (CALEXAMINER) F	P.M. 19				
MEDICAL CERTIF	OR CONTRIBUTING	RED 21e PLACE	P.M. 19 E OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	YINUO COUNTY	
MEDICAL CERTIF	OR CONTRIBUTING OF CHEETHER NOTHER MEDIC 21d INJURY OCCURE NOT WHAT WOL	CALEXAMINER) RED 21e PLACE (AT HOME S (this haspital) attended t	OF INJURY TREET FACTORY, OFFICE, FARM, ETC.) The deceased from Sente	21f LOCATION STREET	to Septemb	er 13 19.85	that (4)
MEDICAL CERTIF	OR CONTRIBUTING OF CHEETHER NOTHER MEDIC 21d INJURY OCCURE NOT WHAT WOL	CALEXAMINER) RED 21e PLACE (AT HOME S RK	OF INJURY TREET FACTORY, OFFICE, FARM, ETC.) The deceased from Sente	21f LOCATION STREET	to Septemb	er 13 19.85 ate and have and from the	that (4)
MEDICAL CERTIF	OR CONTRIBUTING OF CHE EITHER NOTIFY MEDIC 21d IN JURY OCCURF NOT WE AT WO 22a I certify that HI saw the decease above, (44 (we)) (5	CALEXAMINER) RED 21e PLACE (AT HOME S (this haspital) attended t	OF INJURY TREET FACTORY, OFFICE, FARM, ETC.) The deceased from Sente	21f LOCATION STREET mber 13 19.85 and that in (mg) (aur) opinion	to Septemb	er 13 19.85 ate and have and from the	that (4)
MEDICAL CERTIF	OR CONTRIBUTING OF THE RITHER NOTIFY MEDIC 21d IN JURY OCCURE NOT WHAT WOULD A CONTRIBUTION OF THE PROPERTY	CALEXAMINER) RED 21e PLACE (AT MOME S (this haspital) attended the dalive an Septem (id) (skelenet) view the bad ME MOME S ME MOME S AND SEPTEMBER ME MOME S AND	the deceased framSepte the deceased framSepte the deceased framSepte	211 LOCATION STREET mber 13 19.85 and that in (mm) (aur) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	to Septemb death accurred on the d	er 13 19.85 ote and hour and from the	that (4)
MEDICAL CERTIF	OR CONTRIBUTING OF THE RITHER NOTIFY MEDIC 21d IN JURY OCCURE NOT WHAT WOULD A CONTRIBUTION OF THE PROPERTY	CALEXAMINER) RED 21e PLACE 1AT HOME S (this hospital) attended the dalive an September of the body (see the body) ATTENDED T. Wilkins	on, M.D.	211 LOCATION STREET mber 13 19.85 and that in (mm) (aur) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	to Septemb death accurred on the d	er 13 19.85 ote and hour and from the	that (4)

DHMH - 16 60M 7/84 (VRA 15, 4)

cornas and the state of t

	STATE OF MARYL
FOR STATE	DEPARTMENT OF HEALTH AND
- SIAIE	

AND MENTAL HYGIENE

2	REGISTRAR			ERTIFICATE OF DEATH	REG. N		8198
	CEASED NAME FIRST Netti		ERS	LAST	September		26 HOUR 2:25 a
3 SE	× Female	4 RACE White	5 0	Oct. 27 1896	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	F UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY) and	76 CITIZEN OF W	M	ARRIED NEVER MARRIED DIVORCED DIVORCED	Raltimore	OR COUNTY OF DEATH	M
	ossville 21237		OSPITAL, NURSING H	OME OR OTHER INSTITUTION	120 USUAL OCCUPAT		BUSINESS OF
13g M	AL RESIDENCE (IF NURSING HOM) STATE Aryland		ENTERESIDENCE BEFORE ADMI	13d INSIDE CITY LIMITS?		/ ZIP CODE	21211
0	ATHER'S NAME FIRST Albert WAS DECEASED EVER IN U.S.	MIDDLE Boll ARMED FORCES?	LAST 6b. SOCIAL SECURITY		harolette	Chalk SSCoralthorn R	
4	YES NO OR UNKNOWN) [IF YES.	GIVE WAR OR DATES)	217 12 72	85 June Chris		imore, Md. 21	
N	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	as a consequence	Heart Failure OF	MINAL DISEASE OR CON	IDITION GIVEN IN PART 110	
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C	GS USED OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. NER) P.M. 21e PLACE O	. MONTH DAY	19 211 LOCATION	IRRED (ENTER NATURE OF INJU	DRY IN ITEM 18 PART 1 OR PART 2)	STATE
2	while NOT WHILE ALL WORK 120.1 certify that (X(this has been above, X(wef (did) (X(12))).	ispital) attended the on 9-15	deceased from 9-	.7 , 19 <u>8</u> , and that in X:X (aur) opinio		ate and hour and fram the co	
7	22d. PHYSICIAN'S NAME (TY	Miller,	M.D.	220 ADDRESS 9000 Frank	DIRECTOR PHYSIC	CIANA	7.817
23e	BURIAL, CREMATION, REMOV	23b. DATE 9/17/	23c NAMI	e of cemetery or crematory Lawn Cemetery	Baltimor	COUNTY	STATE

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		3021 72	753			Tensle
	a source			AUG		Loadyday
	elitwentrol		1680 .0	MARKINE.	l posta	all lyunon
11815 .ev/ cets	713 w. Lor	- 4	915			1
hals Scalters h.	Pireletto C				Jan 30	
05913 -51		ale Denis	5357 E	t Ath		011

eva misted for CONTIA and Investigation and

STATE OF MARYLAND

REGISTRAR				CERTIF	ICATE OF	DEATH	900.H	REG. NO.	140	76 12	- 4	
DECEASED NAME	FIRST		MIDDLE	ı	AST		2a DATE OF	DEATH MO	NTH I	DAY YEAR	26 HO	UR
(TIPE OR PRINT)	Ida	Ed	lith	Bo	yle		Septe	ember	11,	1985	10	AM
SEX		4 RACE		5 DATE C			6. AGE INYE	ARS LAST BIRTHD		IF UNDER TYEAR	IF UNDE	
Fema]	Le	Cauca	sian	Jun		1899	1	36	YRS	MONTHS DATS	HOURS	AA INL
BIRTHPLACE (STA	NTE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVE		9 BALTIMOR	RE CITY OR		OF DEATH		
Hungary	V	USA		WIDOWE		R MARRIED L	Bal	timor	e Co	ountv		MD.
O CITY OR TOWN O	F DEATH		HOSPITAL, NURSIN	IG HOME C		-	120 USUAL C	CCUPATION	1	126 KIND C	F BUSIN	
Catons	ville		an Nurs		Cente	r		etary	ORKING LIFE	Off Off	ice	
USUAL RESIDENCE (OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		R = 1 - 1			1D CODE	a	46	KIG
New York		411	New Yo		YES X	NO [17 W	67t.	n St	reet	11	17
4 FATHER'S NAME					15. MOTHE	R'S MAIDEN NA				71000		
Emanu		MIDDLE	tern		Н	elene		MIDDLE	(No	t Ava	ilal	ble)
60 WAS DECEASED			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	60	143DRBS		Fria		
TYES NO OR UNKNOW	N A	E WAR OR DATES)	113-01-	8854	Mrs.	Lydia	E. Bo	nhar	di.	Balto	.MD	2122
18 CAUSE OF	DEATH (Enter or	ly one cause per	line for (a), (b), and								IMATE INTE	
PART I. DEA	TH WAS CAUSE	Ď BY. TE CAUSE (a)	SERSIS		HE						2000	
0	IMMEDIA							TA TA	-			
Conditions, if	one which		RASA CONSEQUE MULTIPLE		- WRIT	-I GI	BLEE	211/6				
gove rise to	immediate				011		0.45	J. 10 _	_			
cause (a), underlying	~		RAS A CONSEQUE		10 1	HE A	rend					
PART 2 OTHER	SIGNIFICANT		ONTRIBUTING TO E					OR CONDI	ION GIV	EN IN PART 1	0	
190 DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTO			, WERE FINDI		
		100					YES 🗍	ноП		YING CAUSES	OF DEA	
21a. ACCIDENT W	AS UNDERLYING				21c HOW	INJURY OCCUR		- 6-1			4	
OR COLUMNIA PULL TIME	CAUSE OF DE	(IM	M, MONTH DA M.	19								
(IF EITHER NOTIF		21e PLACE	OF INJURY		21f LOCA				-	50000		
WHILE	AL WORK	(AT HOME STI	REET, FACTORY, OFFICE F.	ARM, ETC }	STR	EET		CITY OF TOWN		COUNTY		STATE
		tal) attended th	e deceased from_				ta			19	that (I)	(we) last
saw the de	eceased alive an	ti way the back	ofter death	, ar	nd that in (m	y) (aur) opinian o	death accurred	d an the date	and hav	r and fram the	couses st	tated
77% SKINATUR		///	uner deam	- 1	DEGREE					22c. DATE	SIGNED)
///	201.	1186	1	Me	1	ATTENDING PHYSICIAN	MEDICAL	STAFF	νП	0/	1. 1	9
THE PHILLIAN	S NAME (TOP	the state of the s		1100	22e ADDR		J DIRECTOR L			1//	1/4	7
/ Jo	hn H.	Shaw.	M.D.		5800	Edmond	dson A	venue	R	alto,	VD :	21228
					12			a	- 4			با سکر ملک ک

DHMH - 16 60M 7/84 (VRA 15. 4)

Gremation
24 FUNERAL DIRECTOR 9/11/85

230 BURIAL, CREMATION, REMOVAL 236 DATE

23c NAME OF CEMETERY OR CREMATORY

Cationsville, Balto., Security Process Catonsville, 250 DATE REC'D BY REGISTRAR'S SIGNATURE

Cremation Society of MD Balto., MD

302123 Property Comment of the contract of the contra The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

IF UNDER I YEAR

REG. N	10.			
DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
	9	12	85	12:42

	4 RACE	5. DATE OF BIR	TH
		MONTH	DAY
9	White	June 23	1 7

76 CITIZEN OF WHAT COUNTRY?

M.

BOZZUFFI

MARRIED NEVER MARRIED

WIDOWED 5 DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WILL CHARLES STREET GBMC

YEAR

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY of Engineers Retired - Corp.

Luc Innecel	ha 1 to improve	min and and	VE
13a STATE	136 COUNTY	13c. CITY OR TOWN	1134
USUAL RESIDENCE III	F NURSING HOME OR OTHER INSTITUTION	N GIVE RESIDENCE REFORE ADMISSION	1

E UGE NE

INSIDE CITY LIMITS? NO K 15 MOTHER'S MAIDEN NAME FIRST Elsie

1517 Charmuth Rd.

13e STREET ADDRESS / ZIP CODE

21093

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Temme

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

4 FATHER'S NAME Anthony

New York 10 CITY OR TOWN OF DEATH

TOWSON

- STATE

1. SEX

Male

Yes

REGISTRAR -DECEASED NAME TYPE OR PRINTS

BIRTHPLACE (STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

166 SOCIAL SECURITY NO 174-05-9526

LAST

Bozzuffi

17 INFORMANT

ADDRESS Palmetto, Fla. Virginia M. Emminger-5315 Bay State Rd.33561

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

PART I DEATH WAS CAUSED BY: VENTRICULAR FIBRILLATION IMMEDIATE CAUSE (a) Canditians, if any, which

gave rise to immediate

ACUTE MY OCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF

DATE OF OPERATION

cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

NO

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION COUNTY

220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ abave, (1) (we) (did) (did not) view the body after death

, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

22b. SIGNATURE

DIRECTOR PHYSICIAN &

22c. DATE SIGNED

JOHN BIDDISON

6701 N. CHARLES STREET

GBMC

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Woodlawn

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION CITY OR YOWN Balto.

Md.

24 FUNERAL DIRECTOR ADDRES 1050 York Rd.

9-17-85

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

June Daydon-Randell

DHMH - 16 60M 7/84

249007

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR	26 HOUR
	RUSSEL	L D	BRADLEY	SEPT. 1, 198	35	9:55 4
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	MONTHS DATE	IF UNDER 24 HRS
	MALE	WHITE	MARCH 26. 192	3 62	YRS	Mus.
7	70 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	WASHINGTON D.C	. USA	WIDOWED DIVORCED	BALTIMOR	RE CO.	MD.
5	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION		OF BUSINESS OR
1	REISTERSTOWN	417 COCKEYSM	0	RETIRED PE	ROGRAMER	
	USUAL RESIDENCE (IF NURSING HOME OF			113e STREET ADDRESS / Z	IP CODE	
	MD. BAL	TO. REISTER	STOWNYES NO	417 COCKE	YSMILL R	D. 21136
1	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		. IA	ST
1	WAYNE	W. BRADLE	Y CLAR		JAYNE	
	166 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		ADDRESS		
	YES WW	2 577-12-	5682 MRS. DORO	THY F. BRAD		
		nly one cause per line far (a), (b), an	d (cv.)		APPRO) BETWEEN	ONSET AND DEATH D
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) C ARDIER	OLMOHARY AR	REST		
		DUE TO, OR AS A CONSEQUE	ENCE OF			X Quite a
	Conditions, if any, which	(b) Malignan	+ hypercalcemiat	Renal Fallur	5 101	reeks
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE			VALUE OF THE	
	underlying couse last.	(10) Prostate	Adenocarcinom	a - ene tasta	tic IH w	ion ths
		CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 1	10
4	Q Q Q C + a)	Bleeding, S	EAGLE Majunge			
1	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		NO. IF YES, WERE FIND OF CAUSES	
	21a. ACCIDENT WAS UNDERLYING		10. 110	YES NO	YES 🗌	NO 🗌
1	21a. ACCIDENT WAS UNDERLYING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY I	NITEM 18 PART 1 OR PART 2)	

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OF TOWN

COUNTY

STATE

220.1 certify that (1) this haspital) attended the deceased from Sept saw the deceased alive on Associate 28 19

226 SIGNATURE

ND 22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

MEGRO

Hickory Ridge Ed, Colombia MD

(our) opinian death occurred an the date and have and fram the causes stated

23ª BURIAL, CREMATION, REMOVAL (SPECIFY)

CREMATION

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION CARROLL CREMATION HAMPSTEAD

STATE

24 FUNERAL DIRECTOR

FUNERAL HOME

236 DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached

MPORTANT:

FUNERAL

0

SEPT.2.85

REISTERSTOWN, MD.

9:55% RUSSELL D. BRAGLEY SEPT. 1985 HALE NARCH 26, 1925 62 X BALTIMORE CO. ASHIRGTON D.C. USA REISTERSTOWN 417 COCKEYSMILL RD. RETIRED PROGRAMER MO. BALTU. REISTERSTOWN 47 COCKEYSMILL RO. 27736 WAYNE W. BRADLEY CLARA JAYNE YES WW 2 577-12-5682 MRS. DOROTHY F. BRADLEY REISTERSTOWN Physical Style Sty OF THE REPORT OF THE PARTY OF THE PARTY. ast-fill the x and x and a first the fill the contract of the CREMATION SEPT. 2, 85 CARROLL CREMATION HAMPSTEAD, MD.

LINE UNERAL OME EISTERSTOWN, D.

Martin D. Lawson, 10 W. Padonia Rd., 21093 SEP

rive Daydson-Handale

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

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914/ 094	Chief de l'Este Un		- Haveyes	or standing	may to also a.
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Hearty II	endl , ges dann.	15)	1 0000-0'-		y
		ioce,	5.50		

S/17/25 Chemick and the continue bear a bear it. Jones in incident n arting . May con, 18 h . Endonlared., 21093 man energy

1074	1 -	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYG	IENE 8 5	2 4	5 2 /
- NG		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
director, page 3		Eleano		Brem			9/6/85	4:13p M
fer o	3. SE		4. RACE	5 DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
o s i		Female	White	July	27 1908	77	YRS.	
69		RIHPLACE ISTATE OR FOREIGN OUNTRY) ew York	USA	UNTRY? B MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore city o	_	H MD.
Jed C	1	TY OR TOWN OF DEATH Tows on	11. NAME OF HOSPITAL, GENOT IN SUCH FACILITY, G	les ST	OR OTHER INSTITUTION GBMC	12a USUAL OCCUPATE [TYPE OF WORK FOR MOST O Teacher (R	F WORKING LIFE) INDUS	of BUSINESS OR CHURK
35	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY) Aryland Balti	NTY 13c. CITY	onium	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / 212 Gates	zip code swood Rd.	, 21093
130	V	THER'S NAME Robert		mner	Jessie	ME	F	orbes
dicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE		
med	,	No -	105-	32-9799	Marjorie A	. Bremner	, 212 Gate	eswood Rd
ime-bl.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D DV	of Breas	st	2109	3 API BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
olease rima or other troumatic	1	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO (b) ASC DUE TO, OR AS A CO (c) Card	AD	st.			
Then plants to burning, o	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	₹1 I a
shows ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIT IN CERTIFYING CALL YES	
them 18 sh		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PAR	7 2)
rked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	1	211 LOCATION STREET	CITY OR TO	wn COUNT	Y STATE
of Heolt 21 is mo		220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did na	9/6	19 85	nd that in (my) (aur) apinian	, ta 9/6 death accurred on the do	. 19_ 85 ate and haur and fram	, that (1) (we) fast the causes stated
Stote Dept.		226. SIGNATURE		M		MEDICAL STAR	FF _ /	ATE SIGNED
with the Stote		22d PHYSICIAN'S NAME (TYPE O Dr. C Klimt			22e ADDRESS GBMC			
s <u>s</u>	23a B	urial, cremation, removal Burial	236. DATE 9/9/85		Ridge Cem.	Pikesvil	le Balto	. Md.
16 60M 7/84 A 15, 4)		ryan W. Clary	, 10 W. Pad	lonia Rd.	, 21093 SEP	9 1985	256. REGISTRAR'S SIG	MATURE

STATE OF MARYLAND

no la mar (constant and constant and THE THE STORY OF STREET Mine to the second seco ingespenning in a quite A. I so our, 212 matery off me.,

Tryan V. Ches, 10 Year Sudonin Litt, 11072 St

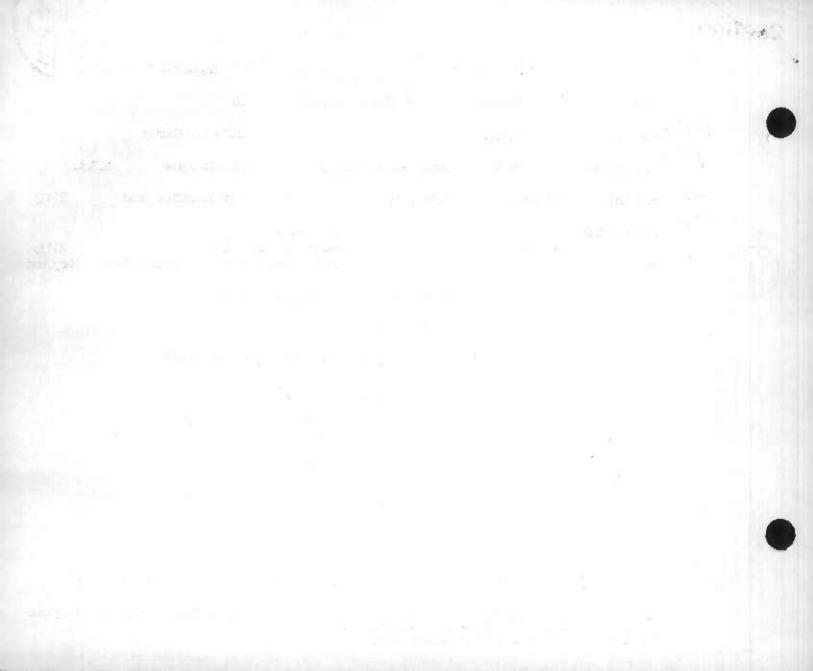
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Film G609 item 5

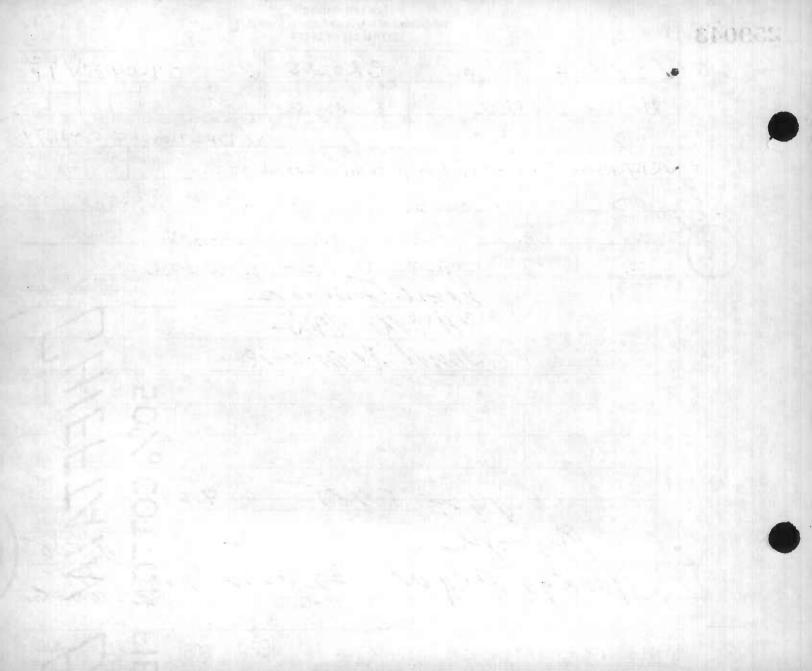
FOR

(VRA 15, 4)



		-	FOR		DEPARTMENT OF HE		2.0 0.0	2 4	ک کے لیے
	259108		STATE REGISTRAR	MEI	DICAL EXAMINE	R'S CERTIFICA	ATE OF DEATH	REG. NO.	6
	76	1. DE	CEASED NAME FIRST		WIDDLE	LAST		KNOWN	TH DAY YEAR TO HOUSE
	SSE SS. ET,	(TYP	WILLIAM +	BRITTO	N JR.		OF DEATH	MATEL DATE	1085 73 MM
	ECTOI ECTOI FILE STREE	3. SE)	4 RACE	5 DATE OF BIRTH	YEAR LAST BIRTHDAY		HOURS MIN PRONOU		H AY THAT 28 HOUR
M	× 200 kg.	M	ALE BLACK	04-19	-08 77 YRS.	MONTHS DATS	DEA.	Sep Tomi	24 9 1987 AM
		70. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	HAT COUNTRY? 8.	MARRIED XXNEVE	D AA ADDIED	MORE ZITY OR COL	
4	FOR FOR PREST		Md.	U.S.		VIDOWED	DIVORCED BAL	TIMORE C	MD.
	SE BE		TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, C	R OTHER INSTITUTION	FOR MOST OF WO	RKING LIFE)	RK 12b. KIND OF BUSINESS OR INDUSTRY
	ELAY TO TO		TOWSON		EPH HOSPIT		RETIRE	ED (Fact	dry Worker)
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		AL RESIDENCE (IF IN NURSING HOME O TATE MD 13b. COUN BAL		13c. CITY OR TOWN	13d. INSIDE CITY	LIMITS? 136 STREET ADDR	ESSAVED B	OTTOM RD 16
	Z A S S			. 1	SPARKS		100	YUAKEK D	OTTOM RU
	BALTIMORE, MD. 21201 IRS AFTER DEATH FEAN GIVE PAGES 2. AND WITH FORM FEAN PAGES 1 AND STOM DIVISION OR FEAN DIVISION OR FEAN FEAN FEAN FEAN FEAN FEAN FEAN FEAN	14 F.	ATHER'S NAME	MIDDLE	LAST	FIRS		MIDDLE	LAST
	H. S.	4		enry	Britton Sr		ouella	ADDRESS	Holland
	HTER FOR ON	160. \		WAR OR DATES	215-16-74				nd a
	BALTIMO		110			oo Mrs. V	Valerie I.B.	ritton	SZA
	ST., B HOUR N 18. NG W MIT. F		 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED 	y ane cause per line DBY:	for (a), (b), and (h.)	Ma	1007		APPROXIMATE INTERVAL BETWEEN ODSET AND DEATH
	NS TEM TEM SERV		IMMEDIA1		AS A CONSEQUENCE OF	7777	1601		Jacob Land
	PRESTON VITHIN 24 CIL IN ITEA INER ALOR ANSIT PER MOVAL.		Conditions, if ony, which	DUE TO, OR	AS A CONSEQUENCE OF	M			I+ni
		7	gave rise to immediate couse (o) stating the under-	(b)	AS A SOMESOUSMEE OF	~			0- yes
	301 W. CUTED V. IN PEN		lying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF				
	S, 36 XECU G" IN BUR BUR AND ON, G		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	L DISEASE OR COHOITION (GIVEN IN PART 1 (a).		
	DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A 8 B. E. DEPARRMENT OF HEATTH AND PRIOR TO BURIAL, CREMATION	NO							
	AI RECC	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERAT	ION WAS PERFORM	ED?		20. AUTOPSY?
	VITAL ORD ORD ORD ORD	Ě							YES NO
	CATE S CATE S THE WO THE MENT O BURI	CER	218. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M	FINJURY A. MONTH DAY YEAR	21c HOW INJURY C	OCCURRED (ENTER NATURE OF II	YJURY IN ITEM 18 PART 1 O	R PART 2)
	ISION OF ISI	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M	١. 19				
	DIVISI IS CERTING RITING NRDED SE 3 SE SE 3 SE TE DEP	AED	WHILE TO NOT WHILE TO	21e. PLACE (OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY STATE
	MIS (WRI)	1	WHILE AT WORK AT WORK						
	ME. T TE, ORW P. P. 212		22e I certify that I took charg	ge of the remains de	witted above, held an	Autopsy .	Inspection , Inquiry	and in my	y opinion
	AND		death resulted from	rol course	Accident . Suice	de . Homicid	Undetermined m	nonner ,	, ,
4	XAA ERTIE ID B WITH		161	-		of type (SP)	(LIFY)		96/
	AL E. C. A. L. E. C.		ACTUAL	2700	bruil	y mo yes	MEDICAL EXA	MINER SIC	
	MEDICAL CUTE THE SE 4 SHO FUNERAL T		EXAMINER'S NAME			10	/		111104
			(TYPE OR PRINT)			ADDRESS			
	PAC 10 AFI	23a. B	URIAL, CREMATION, REMOVAL			TERY OR CREMATOR	CITY OR TOWN		COUNTY STATE
	BP		Burial	9/12/85	West Lib	erty CH		ton Ha	county state arrival lid.
	DHMH · 17	24. F	uneral director	ADDRESS		25	So. DATE REC'D. BY REGISTR	AR 256 REGISTRA	good out from
	(VR A15 ME (5)) 15M 7/76	0	na unan-narra	170	1 LcCulloh	. St.	JL1 11.130	0	

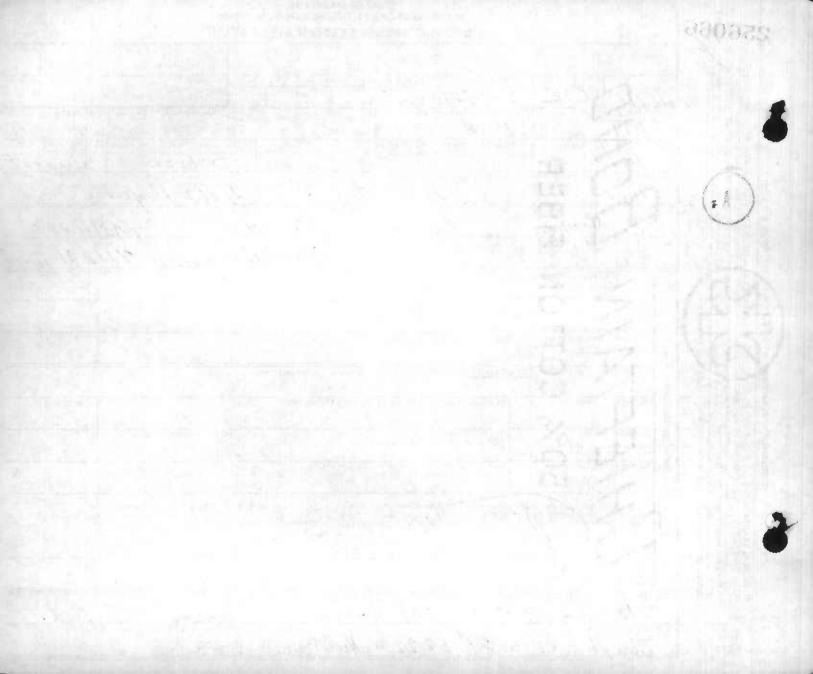
STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 9 7 19 85 Christopher Brown, Jr. 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED P DEAD 7 19 85 YRS 9-BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore County CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LITYPE OF WORK 12b. KIND OF BUSINESS SCHOOL L Patapsco State Park - Union Dam COUNTY 13d INSIDE CITY (IMITS? 13e STREET ADDRESS MIDDLE IN U.S. ARMED FORCEST EYES, NO. OR UNKNOWN I FIR YES GOVE WAR ON DATEST 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH-WAS CAUSED BY Drowning IMMEDIATE CAUSE IN ... DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 :-19s DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSYT YES K NO. 21s EXTERNAL CAUSE WAS THE TIME OF INJURY HOUR XX MONTH DAY YEAR THE HOW INJURY OCCURRED HINTERNATURE OF HURST WITEM IN PART I OF PART 21 UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 4:30 M Subject drowned while swimming TIE INJURY OCCURRED TIE PLACE OF INJURY TH LOCATION Dam STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE AT WORK AT WORK Patapsco State Park Baltimore water MD. Autobiy 27s Lorridy that Lucia Inspection Inquiry and in my opinion Undetermined manner death resulted Ind TITLE (SPECIFY) ACTUAL TO FUNERAL DATE OF THE BANKINGRE IN DATE Acting ChiefDICALEXAMINER 9/8/85 SIGNATURE XAMINER'S NAME 111 Penn St. Thomas D. Smith, M.D. Balto.MD. TYPE OR PRINT! 39. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 07/84 BP 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME LAST 20 DATE OF DEATH 2h HOUR TYPE OR PRINT September 29, 1985 Harvey Crawford 9:30p Brown, Jr. 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1.5EX 1937 16 White Male Jan. BIRTHPLACE (STATE OR FOR INCH 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Baltimore County Maryland United States WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) LITTE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Franklin Square Hospital Security Guard Security USUAL RESIDENCE (IF NURSING HE ME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 3964 Old Federal Hill Road/21050 Maryland Harford Jarrettsville YES FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST Ethel C. Brown Mays Harvey ADDRESS Jarrettsville, MD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT 227-46-6626 Anita Brown 3964 Old Federal Hill Road 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF Severe Chronic Obstructive Pulmonary Disease Conditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Congestive Heart Failure 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE FARM ETC)

211 LOCATION

COUNTY STATE

220.1 certify that (this haspital) attended the deceased from September 23 19 85 to September 29 to 85 saw the deceased alive an ceptember 29 19 above, we (did) had not wew the body ofter death and that in (xy) (aur) apinion death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE

224 PHYSICIAN'S NAME (TYPE OF

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

Larry Smith, M.D.

9000 Franklin Square Drive 21237

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

24 FUNERAL DIRECTOR

IFICATION

23c NAME OF CEMETERY OR CREMATORY Air Mem. Gardens Bel

23d LOCATION CITY OF TOWN Bel Air

Harford

MD

DHMH - 16 60M 7/B4

(VRA 15, 4)

John Harkins 600 Main Street Delta. PA

25g. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

observator CC Barn whom alta, ...

, all undans in

FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	2 4 3	3 4
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
MARY	VIRGINIA BRO	V N		9 24 85	9:56P
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN.
Female	White	1 12 29	5		
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
Maryland	USA	WIDOWED DIVORCED	Balt:	imore Co.	MD
CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126. KIND (OF BUSINESS OR
Towson_		Medical Center	1	OL MONYING (ISE) INDIDIZINA	
14 FATHER'S NAME FIRST Charles 160, WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) I O UNICHON OR UNKNOWN) II CAUSE OF DEATH (Enter- PART I. DEATH WAS CAUSE	Reiste Clinton Rawli RRMED FORCES? Ibb SOCIAL SEC 218-26 only one couse per line for (o), (b), o	IS MOTHER'S MAIDEN N. IS MOTHER'S MAIDEN N. IN THE ST. IN THE S	ey Brown.	Dellb Reistersto	
PART 2 OTHER SIGNIFICANT 19th Date of Operation 216. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	MIN AL DISEASE OR CON	206. IF YES, WERE FINDI	INGS USED
	HOUR A.M. MONTH		YES NO	YES	NO []
ON CONTRIBUTING CAUSE OF E	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE

should be detached for use as the but with the State Dept. of Health and MAPORTANT: If Irem 21 is marked or TO FUNERAL DIRECTOR: After this ATTENDING BP

AT WORK

22h SIGNA

Burial

NOT WHILE

saw the deceased olive on

DHMH - 16 50M 4/83 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

228 1 certify that (1) (this haspital) attended the deceased from

obove, (1) (we) (did) (did not) view the body ofter death.

22e. ADDRESS

DEGREE

PHYSICIAN D DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

27s. DATE EIGNED

STATE

Md.

COUNTY

600

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

9-28-85 Zion Cemetery Mt.

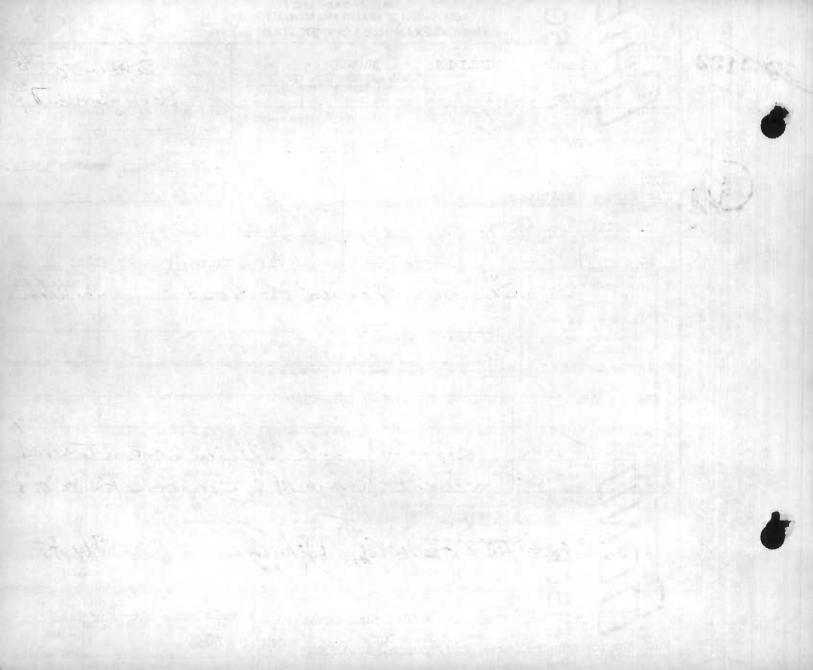
Bal to Upperco

24. FUNERAL DIRECTOR

ADDRESS Eline Fun eral

PARY STRUTTIA BACKN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN TO (TYPE OR PRINT) OF ESTI-GEORGE WILLIAMS BROWNE DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White Dec. 15, 1946 Male 38 DEAD 76 CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED [DIVORCED [Baltimore County D. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPIAN AUTSING HOME, OBSTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Board of Education Building Towson Pres. Alex Brown Realty Advis. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore YES 7703 Rider Hill Rd. Towson 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST C. Willing Browne, Jr. Julia Bel1 Williams 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 220-42-7825 Mrs. Mary B. Browne, same as #13e 18 CAUSE OF DEATH (Enter only one Cousepel lipe for (g), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME NOT WHILE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection L ond in my opinion Autopsy Inquiry Suicide -Natural causes Homicide Underermined monner death resulted from EXAMINER'S NAME TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation 9-16-85 Green Mount Cemetery Bale REGISTRAR 25b REGISTRAR'S SIGN Baltimore City Maryland BP ME & W. EBON - Pingall **DHMH-17** 1050 York Rd. (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 7/76



2	5	313
	be executed within 24 haurs after death. Page 4 may be	ion and campletely filled in by the funeral director, page 3 rs. Pages 1 and 2 should be filed within 72 hours after death

the attending physic

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MAKTLAND	.0
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
CERTIFICATE OF DEATH	

2	4	6	3	6
dies			-	

		REGISTRAR				CERTIF	CATE OF DEATH	REG. NO.					
		CEASED NAME	FIRST		MIDDLE	0	AST	20. DATE OF		ITH DA	Y YEAR	26 HOU	IR C
1	(TYPE	OR PRINT)	a occasi		E.	Rv.	. 5 - 10		a	1	85	AL	33
1	3. SEX	,	lary	RACE	<u></u>	S. DATE O	SON	A AGE VINIV	EARS LAST BIRTHDA	V) 1 (6	UNDER I YEAR	IF UNDER	P M
							DAY YEAR	B. AGE TIME	EARS (ASI BIRTIDA		NIHS DAYS	HOURS	MIN.
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A	7e. BIF	RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNTRY	Y? 8	NEVER MARRIED	9 BALTIMO	RE CITY OR CO	OVTANO	OF DEATH		
7.		Ga.	- 11	USA	F	WIDOWE	()	Pal	timore	Cour	ntv		MD.
1	10 CI	TY OR TOWN OF DEAT	н 1			ING HOME O	R OTHER INSTITUTION	12a. USUAL	OCCUPATION	4.0	126 KIND C	F BUSINE	
1	D - 1	timore			TH FACILITY, GIVE STRE			(TYPE OF WOR	K FOR MOST OF WO	RKING LIFE)	INDUSTRY		
-	-	AL RESIDENCE (IF NURSIN	IG HERE OR C				sing_Home	1					
1			UNI		130 CITY OR TO		134 UNSIDE CITY LIMITS?		ADDRESS / ZIF				
1		MD			Baltimo	re	YES NO	2503	Violet	Ave	nue 2	1215	
2	14 FA	THER'S NAME	AA.	IDDLE	LAST		MOTHER'S MAIDEN NA	ME	MIDDLE		LAS		
	Т	homas	Gree		Cade		Sallie		MIDDLE		Thom		
1		VAS DECEASED EVER I			16b SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRESS		1,110111	us	
1	17	res, no or unknown)	(IF YES GIVE	WAR OR DATES	047 50	0000							
7		No			247-52-	8329	Elizabeth Fl	etcher	1100 B	<u>o lon</u>	Stree	t	
		18 CAUSE OF DEATH PART I, DEATH WA			line for to , (b), (and ic	Caprila	A # 4m	A		BETWEEN	MATE INTER	DEATH
				CAUSE (o)	URLIN	MAKIS	SEPTICA	AC MY	<i>/</i> 1				
				DUE TO O	R AS A CONSEO	LIENCE OF							
Н		Conditions, if ony,	which	(b)		or ret or					R		
		gove rise to imme	ediote			-27.00							
		underlying couse	lost.	DUE TO, O	R AS A CONSEO	UENCE OF							
				(c)									
	z	PART 2 OTHER SIGNI	FICANTICO	ONDITIONS <u>CO</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				NINPART 1	0	
	CERTIFICATION	SEVEKE	40	7	TATION	5	ECONDARY		SUBDUR	7	HART	MATT	MA
/	CA	190 DATE OF OPERATI	ON	196 COND	ITION FOR WHIC	CH OPERATION	N WAS PERFORMED	20a AUTO			WERE FINDING CAUSES		
7	H							YES	NO	YES		NO [_
	SE	210. ACCIDENT WAS UNDE	RLYING	216. TIME C			21c HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN	ITEM IS PAR	T I OR PART 2)		
1		OR CONTRIBUTING C			M. MONTH								
	MEDICAL	21d. INJURY OCCURRE		21s PLACE	M.	19	21f. LOCATION						
	ME				REET FACTORY, OFFICE	E, FARM ETC)	STREET		CITY OR TOWN		COUNTY	S	TATE
		AT WORK NOT WHILE											
Н		22a.l certify that (1) (this hospita	l) ottended th	e deceased from		. 19	, to				that (1) (we) lost
		sow the deceased above, (I) (we) (di	d olive on_	view the hady	ofter death	, on	d that in (my) (our) opinion	death occurre	d on the date o	ind hour	and from the	causes sta	oted
		2 IGNATURE	ar fala nor	N N	Oner deom.	[DEGREE	1			22c. DATE	SIGNED	
		10000		101	00,000		ATTENDING	MEDICAL	STAFF		9/3	165	-
7		22d. PHYSICIAN'S NA/		PRINTI	muu		PHYSICIAN [DIRECTOR	PHYSICIAN		1110	1	
		-TA -	11110	1 .			7220 PADY	11		Λ	- 8	A 200	MAN
		IHINE	Em	LAT	CHANI		1220 14K 12	HE	1CHT3	1	PI 191	tero	, 100)
	23a B	URIAL, CREMATION, R	EMOVAL	23b. DATE		NAME OF CI	EMETERY OR CREMATORY	23d LOCA	ATION OR IOWN		I OLDER	21:	108
	1:	Burial		9/6/85	Ce	edar Hi	11 Cemetery	Anne	Arunde	el (COUNTY	5	MD

DHMH - 16 60M 7/B4

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has be

IMPORTANT: If them 21 is morked or them 18 shows

William C. March F/H Inc 4300 Wabash Avenue

250 BAFE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



60135	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	5 REG. NO.	2 4 3	3 /
30100		CEASED NAME 1951	MI	IDDLE		LAST	2e DATE C	OF DEATH MONTH	DAY YEAR	26 HOUR pm
4 600		Buchwald, Glorie						-31-85		4:30
1 1	1.5€		4 RACE		5. DATE (YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
100	4	Female	White			02-19-29		56 YE		
1 1 35	76. 8	Maryland	U.S.		MARRIE	MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore City or County of Death Baltimore / City County		
1 Can	Lo	WINGS MILLS	(IF NOT IN SUCH	ROSEWOOD	ADDRESSINE	OR OTHER INSTITUTION	(TYPE OF WO	LOCCUPATION ork for most of work in Lnistrator	G LIFE) INDUSTRY	tate
The state of the s	Use.		OTHER INSTITUTION C	Balti	(N	134 INSIDE CITY LIMIT YES XX NO 1	1512	ADDRESS / ZIP C		218
1 1130	0	James	Oliv	ver LAST		Elizabet		WIDDLE	Ford	ST
(N) 2		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GO NO	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT Ms. Christi	ina Kemp	ADDRESS 31	Rosewoo	d Lane
on the requires that the deat and been signed by the atter- perm? Then please remove a net prior to buriol, cremation was gray injury, or other fragm	CERTIFICATION	Canditions, if any, which gove rise to immediate couse tot, stating the underlying cause lost PART 2 OTHER SIGNIFICANT POLY 19a DATE OF OPERATION	DUE TO, OR (c) CONDITIONS CO	nonu	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION POINTE 19 TOPSY? 1206 IF	GIVEN IN PART 1	NGS USED
physics physics of the physics of th	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH DA		21c HOW INJURY OC	CCURRED (ENTER)	NATURE OF INJURY IN ITEM	18 PART OR PART 2)	
Office fine of the burns of the burns was fine to the burns of the bur	MEDICAL	(IF ENTHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE O		ARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ATTENDO gatol or for use of of Health		22a I certify that (1) (this hope saw the deceased alive an abave, (1) (we) (did) (did no	7/3	19	7/	nd that in (my) out op		8/3/ red an the date and		that (1) (ast
OSPITAL OR A red by the ho rundtal Diff. did be detophed the Sorte Dept.		226 PHYSICIAN'S NAME (TYPE O		n		22e ADDRESS	AN DIRECTO	R PHYSICIAN	Cy (185
TO HOS	22-	Dr. Alan B. BURIAL, CREMATION, REMOVAL		122	LAME OF C			y Parkway	, Balto,	MD. 21218
BP		Removal	23b. DATE 8/31/8		NAME OF (EMETERY OR CREMATO	CI	TY OR TOWN	COUNTY	STATE
DHMH - 16 60M 7/14 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatomy E	Board	ADDRESS.	Balto		SEP 1 1	1985 Jul	is Tavidson	Pandell.

GE: 4 25-10-80 .s rijon .Memona 02-19-29 die ale Paltimore City bit, cal, denot mount a all 1512 Lalworth Ed. 21218

FOR

- STATE

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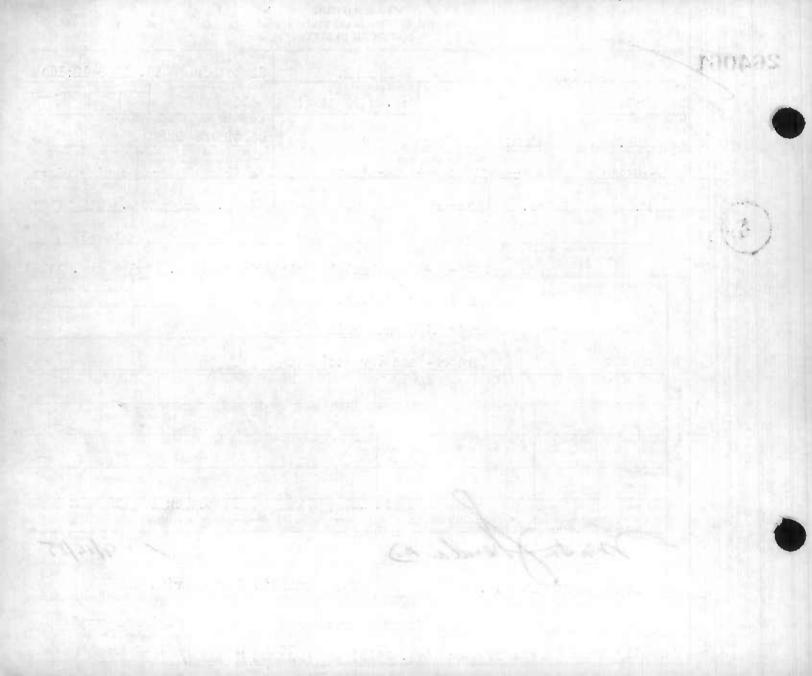
REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2n DATE OF DEATH MONTH 26 HOUR 16, 1985 12:16p Bucklen September 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126 KIND OF BUSINESS OR Greenspring Diary 13e STREET ADDRESS / ZIP CODE 414 S. Marlyn Ave. Apt1B 21221 Love11 ADDRESS Lucille Belsterling 414 S. Marlyn Ave. 21221 APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) dised from August 26 19.85, to September 16.9.85, that (we) I 16.19.85, and that in (Xy) (aur) opinion death accurred an the date and haur and from the causes stated DIRECTOR PHYSICIAN 9000 Franklin Square Drive 21237 Baltimore Maryland Securty Process 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Connelly Funeral Home 300 mace Ave. 21221



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEC	

١		REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.			
1			Genevi enevi	eve Ag	nes Bur	cke B	PURKO	20.			6-85	26 HOUR	
1	3. SEX			RACE	1	5. DATE O			GE (IN YEARS LAST BE	_	IF UNDER I YEAR		
	Eet	male /-		White		Nove	mber 3,1898	8	86	YRS	ONIHS DATS	HOURS	MIN.
	7a. BH	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN	RY? 8	D NEVER MARRIED	9 B	ALTIMORE CITY		OF DEATH		
1	1	Maryland	17.00	U.S	.A.	WIDOWE	V		SAHLIN	pre (DUN	bu	MD.
					HOSPITAL, NU		OR OTHER INSTITUTION		120 USUAL OCCUPATION (11 PE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET 120 USUAL OCCUPATION (11 PE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET				
1	4.4	I RESIDENCE (IF NURSI TATE Tyland	13b COUNT		GIVE RESIDENCE IS 131 CITY OR Baltir	TOWN	134 INSIDE CITY LIMIT YES 1 NO []	TS? 13e.	STREET ADDRESS 3724 Yo	ZIP CODE	Road 2	1218	
4	EA	HER'S NAME	AA II	DDIE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDIE	E F	- 14	ST	
0	1000	George		Α.	Daws	on	Ella		T.		Rai		
0		AS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	-44	ADDR	RESS	2121	2	
4		No		AN OR DAIES)	212-05	-6442	Mr. James	P. B	urke Jr.	220 H	opkins	Road	
	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last (c) PART 2 OTHER SIGNIFICANT CONDITIONS C		DUE TO, OI	ment	TO DEATH BUT	NOT RELATED TO THE		L DISEASE OR CON		EN IN PART 1		
	TIFIC								ES NOT	IN CERTIFY	ING CAUSE		?
1	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)			A.M. MONTH DAY YEAR P.M. 19				IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)				
	MEE	21d INJURY OCCURR	ILE 🗍	(AT HOME STR	OF INJURY EET, FACTORY, OF	FICE FARM, ETC)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STA	TE
		220 I certify that (I) sow the decease above, (I) (we) (d	d alive on	9/	9		nd that in (my) (aur) opi	oinian deat	ta <u>SQL</u> and the control of the cont	date and have	ond from the	that (I) (we causes state	
		226. SIGNATURE	RETO	eull	bur	uno	DEGREE ATTENDIN PHYSICIA		EDICAL STA		The DATE	26/P	5
1		121d. PHYSICIAN'S NA KENOGI	11 F.	gulti	ner		22e ADDRESS	ella	Mari	3	7		
	- (5	URIAL, CREMATION, I	REMOVAL	236 DATE			EMETERY OR CREMATO	ORY	13d. LOCATION CITY OR TOWN		COUNTY	STA	TE.
		Burial		9-28	-85	New Cat			Baltimo			Maryl	and
		NERAL DIRECTOR			ADDR	ESS _		o. DATE RE	C'D. BY REGISTRA	RI25b. REGISTE	RAR'S SIGNA	TURE	
	Mit	chell-Wie	defeld	Home (5500 Y	ork Road	21212		1 1985	1 80 430	10000-590	MARK	

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

280015	FOR STATE REGISTRAR		DEPARTM		LTH AND MENTAL HYG ATE OF DEATH	REG. NO.	. 4 0		
	DECEASED NAME	FIRST	MIDDLE	LAST		26. DATE OF DEATH MONTH	DAY YEAR	2b HOUR	
y be	1	MARGARET	ELIZA	ABETH	BURKHART	September 30,	1985	5:00 Am	
OE GO	3. SEX	4 RACE		S. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR		
Se 4	Female	White		Febru	ary 16,1919	66 YRS	MONTHS DAYS	HOURS MIN.	
Pour Pour	70. BIRTHPLACE (STATE OF	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH		
nero nero	Maryland	U.S.A.		WIDOWED		Baltimore Co	unty	MD.	
s ofter d	Perryhall	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET ALL Dunhaven	DDRESS)	OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN		26. KIND OF BUSINESS OR NOUSTRY Own Home	
24 hour filled in ould be f	USUAL RESIDENCE (# NURS 130 STATE Maryland	136 COUNTY Baltimore	13c CITY OR TOWN Baltimore	1 13	d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	Road 2	21207	
1 7/13	14 FATHER'S NAME FIRST Howar	WIDDLE	Freet	15	Marie	ME MIDDLE E	Friedu	neyer	
1	160 WAS DECEASED EVER (YES. NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES)	16b. SOCIAL SECUR 212-09-7		M. Phylli	s Burkhart Pe	1A Dun	haven Pla	
STATE OF THE PARTY	18 CAUSE OF DEAT	H (Enter only one cause pe	r line for 10), (b), and	ICIII _			APPROX	ONSET AND DEATH	

	WAS DECEASED EVER IN L	J.S. ARMED FORCES? YES. GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 212-09-7397	M. Phyllis	ADDRE Burkhart		Dunhay Hall, M	En Pla
	18 CAUSE OF DEATH (E PART I. DEATH WAS (nter only one cause per CAUSED BY: MEDIATE CAUSE (0)	line for 10), (b), and 10	Reute M.I.			APPROXIMATE BETWEEN ONSET CILS FLOR FROM	AND DEATH
	Conditions, if any, wh gave rise to immedicouse (o), stating underlying cause le	nich (b)_	R AS A CONSEQUENCE OF	ar. cvs			2 ye	ars)
CERTIFICATION	PART 2 OTHER SIGNIFIC		ONTRIBUTING TO DEATH BUT		200 AUTOPSY? YES NO	20b. IF YES, W	ERE FINDINGS (G CAUSES OF D	
_	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	E OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM IS PART	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR IO	WN	COUNTY	STATE
	220.1 certify that (1) (this saw the deceased a abave, (1) (we) (did)	011516	19 90	d that in (my) (aur) opinian de	eath accurred an the de	30 19_ ate and have an		(f) (we) last
	22b. SIGNATURE	runed la	all M.D.		MEDICAL STAI		10/1 8	SED SED
	Kennard	V	.D.	5501 Forest	t Park Aver	nue, Bal	timore,	MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be deteched for use os with the State Dept. of Health MPORTANT: If hem 21 is

and Mental Hygiene

Burial 10/3/85

23b. DATE

230 BURIAL, CREMATION, REMOVAL

234 NAME OF CEMETERY OR CREMATORY Crestlawn Cemetery

Marriottsville

Md.

24 E & POM CTO & Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 1630 Edmondson AVenue. Catonsville. MD. 21228 OCT 2 1985 w www ason- Randale 1630 Edmondson AVenue, Catonsville, MD. 21228



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DEPARTMENT	OF	HEALT	H AND	MENTAL	ŀ

HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE S S CERTIFICATE OF DEATH REG. NO.							્યું ગું		
2	L DECEASED NAME FIRST (TYPE OR PRINT)			MIDDLE			LAST		20. DATE OF DEATH MONTH DAY YEAR 26. HO				
0				ie - F.		BURKHOFF		September 16, 1985					
	3 SEX			4 RACE			5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR	
		Female		White		April 10 1908		77	HOURS				
6		RTHPLACE (STATE OR F	OREIGN 7	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County			,		
1		TY OR TOWN OF DEA Ossville	ATH I		HOSPITAL, NURSIN THEASILITY SIVE STREET, anklin Sq				12a USUAL OCCUPATION OF PROPERTY OF HOUSEWI	ON F C ORKING LIFE)		OF BUSINESS C	
5	13a S	AL RESIDENCE (IF NURS TATE Marvland	136 COUNT	Υ	GIVE RESIDENCE BEFORE 13c CITY OR TOW Essex		13d. INSIDE (CITY LIMITS?	13e STREET ADDRESS / 613 Easter	1			
2/	14 FA	THER'S NAME FIRST		IDDIE	LAST	r.		S MAIDEN NA		II DIVG	LAS		
1	16a. V	VAS DECEASED EVER res, no or unknownj			166. SOCIAŁ SECU 214-12-9	RITY NO.	17 INFORM		ADDRE		J 010	22.1	
	NON	_	nediote lg the last.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DITTIBUTING TO D	NCE OF	NOT RELATE	D TO THE TERM	Metast Metast	tatasis		o	
5	FICATI	Coagulopathy secondary to 1 196 DATE OF OPERATION 196. CONDITION FOR WHICH				ION WAS PERFORMED 200 AUTOPSY? 206. IF YES,				WERE FINDI	NGS USED S OF DEATH?		
9	CAL CERTI	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEAT	7	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PAR	T I OR PART 2)		
5	MEDICAL	21d. INJURY OCCURI	ILE 🗀	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATI		CITY OR TO	wn	COUNTY	STATE	
		220.1 certify that (this hospital) attended the deceased from						(our) opinian	death accurred an the do	ite and haur o		that (we) lo couses stated	
1		226 SIGNATURE Canther Powers				M, D	DEGREE /	ATTENDING PHYSICIAN	MEDICAL STAR		9/1	6/85	
		22d. PHYSICIAN'S NA					9000		in Square D	r., 21	237		
	73n B	URIAL CREMATION			123c N	IAME OF C			123d LOCATION				

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

9/20/85

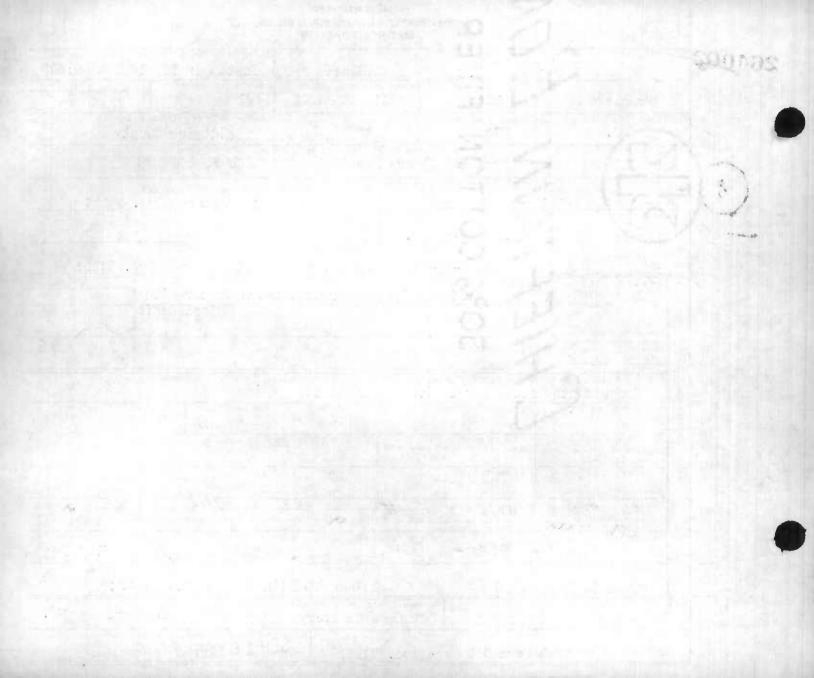
Oak Lawn Cemetery

Baltimore

Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SEP 1 8 1985 His Day Some

Connelly Funeral Home 300 Mace Ave. 21221



(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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whento drawing				. No.
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211-9				10.5
the coord for the	bell Lach haven		Manie 7	
Manager and American	East Market Court	Automate Tent of		La Avenue

. STATE

THE OWNERS

DAGENSED NIXWE

REGISTRAR

EIRS1

John

252165

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	i

CERTIFICATE OF DEATH

Buschman

REG. NO 20. DATE OF DEATH MONTH 26 HOUR September 3 & AGE (IN YEARS LAST BIRTHDAY)

			MONTH	DAY	YEAR			MUNIT	TO DATE	HOURS MIN.
/ Male	Wh	ite	May	7,19	909	76	Y	RS.		
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		8 MARRIED	ED NEVER MARRIED		9 BALTIMO	RE CITY OR COU	NTY OF	DEATH	
Maryland	USA	Translation of the last of the	WIDOWED DIVORCED		Bal	Ltimore	COL	unty	M	
IL CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O							12	26 KIND OF	BUSINESS O
Essex	315 Montrose Ave.			Retired-KerrMcGeeC					em.Co	
UAL RESIDENCE (IF NURSING HOME O		13c. CITY OR TOWN		13d INSIDE C	ITY LIMITS?	13e STREET A	DDRESS / ZIP C	ODE		
Maryland Baltimore Essex				YES 🗌	NO 🔲		ontros		re. 2	1221
TACKATHER'S NAME	MIDDLE	LAST	- 4		S MAIDEN NA		WIDDIE	100	1241	21.00
Frederick		schman		Mary Elizabeth Schoeberlein						
160 WAS DECEASED EVER IN U.S. AT	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMA			ADDRESS			
no	AN OR DATES!	2120584	493	John	Busch	man 32	21 Mont	rose	e Ave	. 21
18 CAUSE OF DEATH (Enter o		line for (a), (b), and	l (c·		1	1 11			APPROXIMA BETWEEN OF	ATE INTERVAL
PART I, DEATH WAS CAUSI IMMEDIA	TE CAUSE (o)	Cir	the e	4	Tend-	111				
	D. 15 TO O		105.05							

Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSECUENCE underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO T YES T 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from.

sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 77e ADDRESS 226 PHYSICIAN'S NAME (

STERN 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN

Mathews Cemetery Baltimore City Md 250 DATE RECD. BY REGISTRAR 256, REGISTRAR'S SIG 24 FUNERAL DIRECTOR 300MaceAve.2122

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

PORT

(SPECIFY)

Connel

Funeral

Home

COLUMN

260040	FOR STATE REGISTRA
/	I DECEASED NA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	2	4	3	4	2
REG. NO.					

		REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.				
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		AY YEAR	26 HOUR 7:37		
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Ц	1. SE		4 RACE	S. DATE (& AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS		
	1	Female	Block	MONT	DAY YEAR	0	YRS M	ONTHS DAYS	HOURS MIN,		
ŕ	74. BI	RIHPLACE INTANION FOR CO.	TO CITIZEN OF WHAT COUN	VIRY? 8		9 BALTIMORE CITY		OF DEATH			
7		arvland	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED D	BALTIMOF	E COL	INTY.	440		
7		The second secon	11. NAME OF HOSPITAL, N	URSING HOME		120 USUAL OCCUPATI	ON	12b. KIND O	F BUSINESS OR		
7	R	ANDALLSTOWN	BALTTMORE (GENERAL HOS	(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY			
7	USU	AL RESIDENCE (IF MURLING MEME OR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)							
ÿ	LONG CE	arvland		imore	YES X NO T	3939 Penh	ZIP CODE	Avenu	e 21215		
		THERENAME		IMOLC	15 MOTHER'S MAIDEN NAM		ulbe	Avenu	. 21213		
F		John	Mart:	in	FIRST	MIDDIE		LAS			
į	1160.00	VAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17 INFORMANT	ADDRE	SS				
į	1		WAR OR DATES)		Goldon Byrd	1231 Lin	rit As	zenue			
ì				1 . 1	DOIGON DIT	TEGI DIN	12 0 211		MATE INTERVAL ONSET AND DEATH		
1		PART I. DEATH WAS CAUSED							ONSET AND DEATH		
1		IMMEDIATE CAUSE 10) Electrical Mechanical D. SSOC, 10 hours									
Ν		due to, or as a consequence of									
J		Conditions, if ony, which (b) CORDILLO ORFES A									
u		gave rise to immediate cause (a), stating the	100								
И		cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF									
H		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01									
l	z	4 44	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	JIIION GIVE	N IN PART TO	j. k		
H	CERTIFICATION	A.O.D.M.	196 CONDITION FOR W	/HICH OPERATIO	NI WAS DEDECORATED	20a AUTOPSY?	Tank IE VES	WERE FINDIN	ICE LISES		
i	FIG.	DATE OF OPERATION	THE CONDITION OF W	THICH OPERATIO	WAS FERFORMED	YES NO YES		ING CAUSES	OF DEATH?		
	E										
ì		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	216. TIME OF INJURY	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	ET IN ITEM 18 PA	RT 1 OR PART 2)			
	N S	(IF EITHER NOTIFY MEDICAL EXAMINER)									
	MEDICAL	214 INJURY OCCURRED			21f LOCATION	CITY OR TOWN		COUNTY STATE			
	2	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY O	OFFICE FARM ETC)	SINCE	(117 01 10			STATE		
		220 L certify that (1) (this hospit	al) ottended the deceased f	ram	. 19	, to		9	that (I) (we) lost		
i		saw the deceased alive an above, (1) (we) (did) (did not	y wew the hardy often death	.19 a	nd that in (my) (aur) opinian o	death accurred an the de	ate and hour	and fram the	causes stated		
1		226 SIGNATURE) view the body offer deom.		DEGREE			22c. DATE	SIGNED		
ı		1000- 211		.a ^	ATTENDING PHYSICIAN	MEDICAL STAI		0 .			
-		22d PHYSICIAN'S NAME (TYPE OF	PRINT)	(1)	22e ADDRESS] DIKECTOR [] PHYSIC	IAIV 🖋	19-1	1-20		
		21						4.4			
	-	Allan J-Ci		M: ()	Balt. Cou		4 1001	1.100	2/10/		
		URIAL, CREMATION, REMOVAL	23h DATE 9/16/85	King N	emetery or crematory Memorial Par	13d tocation	STOWN	COUNTY	Ma".		
		INERAL DIRECTOR	7/ 10/03	King I		F REC'D BY REGISTRAR					
	1 /9 FU	JINEKAL DIKELI UK			1/30 DAIL	C KEL IJ BY KELJIS KAR	ZND RECEISTR	AMSSICINAT	(TM)t and		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the Store Dept. of Heal

TO HOSPITAL

Wm 'C'March F/H Inc. 1101 North Avenue

SEP 1 3 1985

OMDORS:

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)

ADDRES 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNAMENT

The Paris Liber of Cities . The Land Landson Committee of Committee of the Committee of the

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			- 4
	CEASED NAME	FIRST	1	MIDDLE	L	AST	20. DATE O			AY YEAR	26 HOUR
Clink	CH PRINT)	Mara	anat	Victini	2	PASPN	39-11		9 1	7 85	1030
1,565		1	RACE		5. DATE C	OF BIRTH	6 AGE (IN)	YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Femal	e	W	rite	MONTH		8	33	YRS	ONIHS DAYS	HOURS MIN.
Ja. BI	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH	
l	Maryland	19 9	U.S.	. A.	WIDOWE		LIN Y	B	altin	nore	County MD.
II CI	TY OR TOWN OF DEA	TH 11		HEACILITY GIVE STREET		OR OTHER INSTITUTION		OCCUPATIO	N	12b. KIND	OF BUSINESS OR
Ran	ndallstown	-3	Balti	more C	ount	v General	Homem		WORKING LIFE	INDUSTRI	
130 S	al residence (if nursi state ryland	Balti	,	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Woodlaw	٧	13d INSIDE CITY LIMITS? YES NO 20	13e.STREET .	ADDRESS / : Windso	zip code or Mil	l Rd.	21207
IA FA	THER'S NAME	4415	DDLE	LAST		15. MOTHER'S MAIDEN NAM					
/	Levis			Thomas		Annie		nknou	-	Thom	
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUI		17 INFORMANT	7007	Windst	or Mil	1 Road	đ
	No			218-09-	6475	Kristine Ore	m Balt	imore,	MD 21	207	200
	18 CAUSE OF DEATH	H Enter only	one couse per	line for (a), (b), and	lich				O O W	APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED I	SAUSE (a)	Cenelne	win	ular accu	Sont	1			
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1	Conditions, if ony,	which	(, , ,	R AS A CONSEQUE	IACE OF						THE THE
	gove rise to imm	ta immediate									
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.										
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Z	TAKI 2 OTTEK STOR	WIE ANT CO	1401110143 <u>CC</u>	NATIONAL TO B	EATH BOT	NOT KELATED TO THE TERM	MAL DISEAS	JE OK CONDI	ITION GIVE	JA HA FAKT I	Id
ATIE	19g. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	20b. IF YES,	WERE FIND	INGS USED
FFIC	T. Jake						VEC [IN CERTIFY	ING CAUSE	S OF DEATH?
CERTIF	210. ACCIDENT WAS UND	ERLYING []	21b. TIME O	F IN IURY		21c HOW INJURY OCCURR	YES	NO N	YES		NO [
1 0	OR CONTRIBUTING			M. MONTH DA	Y YEAR	THE HOW HASOK! OCCORN	VED (ENIEKNA	KIOKE OF INJURY	IN IIEM IB PA	RI I OR PARI 21	
ICA	(IF EITHER NOTIFY MEDIC		Ρ.		19						Table 1
WED	21d. INJURY OCCURR		21e. PLACE (OF INJURY BEET, FACTORY, OFFICE, FA	RM, ETC)	211. LOCATION STREET		CITY OR TOW	н	COUNTY	STATE
	NOT WH AT WOR	K L					,	,			
	22a.1 certify that (1)		attended th	e deceased from _	091	19 8-	2 ta	4/17	, 1	9 65	, that (1) (we) last
	saw the decease abave, (1) (we) (d	d olive on	new the bady	after death.	85, ar	nd that in (my) (our) opinion o	death occurre	ed on the date	e and haur	and from the	e causes stated
	226. SIGNATURE					DEGREE				22c. DAT	E SIGNED /
	9/3	colore	2)			MO ATTENDING PHYSICIAN	MEDICAL			9	118/83
	22d. PHYSICIAN'S NA					22e ADDRESS					- /
	JB	ostor.) /	40		Baltimor	e lou	mtes.	Gen	renal.	HOSE
23a B	SURIAL, CREMATION,	REMOVAL	23b. DATE	23 ₆ N	AME OF C	EMETERY OR CREMATORY	23d. LOC	ATION	00/0	200	77
(Burial					idge Cemetery	Pike	SULLLE	Balt	more	Marytand
	JNERAL DIRECTOR I							REGISTRAR 25			
87	28 Tibertu	Road	Randal	Istown. M	arula	nd 21133-476#		1005	Likia A	avidana	March 20
					0	JE	.1 19	500	1 000	A LANGER A	N- In-

266009

(VRA 15, 4)

DHMH - 16 60M 7/B4

10-15MGN 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE SEPTEMBEN 27 , and that in (my) (our) opinion death accurred an the date and hour and from the causes stated DEGREE 220 DATE/SIGNED MID ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN 274 PHYSICIAN'S NAME-THE OFFICE 22e ADDRESS 7402 York Road, Towson 21204 Anthony Lewandowski, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE COUNTY STATE Gardens of Faith 9/18/85 Balto 3331 Brehms La Schimunek Funeral Home, Balto, Md. 2121

DHMH - 16 60M 7/84 (VRA 15, 4)

hould be deta

saw the deceased alive an.

abave, (1) (we) (did no

77h SASNATURE

I SPECIFY!

Burial

24 FUNERAL DIRECTOR

23a BURIAL CREMATION, REMOVAL

YEAR

2h HOUR

4:53p

IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR

INDUSTRY

B. Brown Co.

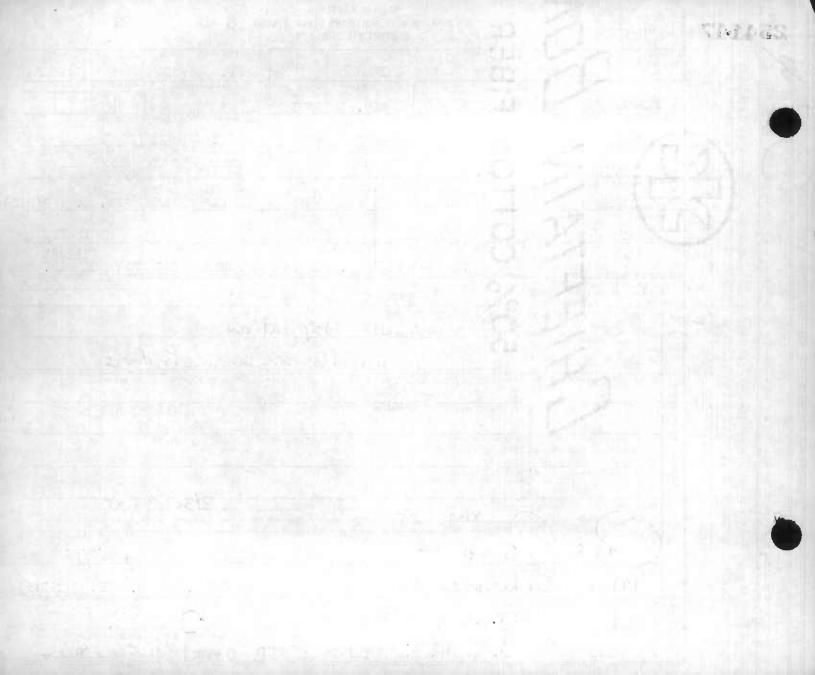
13e STREET ADDRESS / 7IP CODE

8300 Nunley Dr. Apt.

252 1 2 438

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 7/201
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hospital death. Page 4 may be retained by the hospital or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and certificate in the funeral direction page 3 should be deteched for use as the businlistrons permit. Then please remove corbon papers. Pages 1 and 2 should be trad within 72 hours other death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical manner in a tree coult at indication of the country.

54147	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2 4	3 4 9
		CEASED NAME FIRST	MIDDLE	100	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
y be		MINA			NMAN	SEPT. 3,19		5:50 A _M
a mo	1 SEX	(4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRT	MONTHS DA	AR IF UNDER 24 HRS
3ge -	100	FEMALE	WHITE	N	OV. 1, 1903	81	YRS.	
leoth. Po		RTHPLACE (STATE OR FOREIGN OUNTRY) MARY LAND	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOW	D NEVER MARRIED D	BALTIMORE CITY O		MD.
1 90	10. CI	PIKESVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET PIKESVILLE NURS	ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) INDUST	D OF BUSINESS OR RY
hin 24 hou by falled in flowld be		AL RESIDENCE (IF NURSING NOME OR TATE TO COUN MARY LAND THER'S NAME		ADMISSION)		13e.STREET ADDRESS /		B. (21215
Par and	2		MANDI	EL	PEARL	WIDDLE	MA	RKOWITZ
oe execut		VAS DECEASED EVER IN U.S. AR. (1F YES, GIV NO	MED FORCES? 16b SOCIAL SECU		MRS. BENITA S	ADDRE CHWARTMAN 4	4517 MARYKN	(21208) IOLL RD. ROXIMATE INTERVAL EEN ONSET AND DEATH
on. The plant the death cereating the best properties of the permit. Then please remove carbo are prior to burial, cremation, or remove only injury, or other traumatic expressions.	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 1	NCE OF CI W DEATH BUT	NOT RELATED TO THE TERM	Parane so		DINGS USED
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UG PHYSI ottending ter this ce is the buri hand Mer	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F		211 LOCATION STREET	CHY OR TO	NN COUNTY	STATE
HOSPITAL OR ATTENDIN uned by the hospital or FUNERAL DIRECTOR: Af Vuld be detached for use o hthe State Dept. of Health ORTANT: If hem 21 is ma		220.1 certify that (1) (this hasping the discussed alive or above. (1) (did) (did as fine \$550 NATURE) 22d Physician (5 NAME (1)) (5	tal) attended the deceased from 8/30 19	85.0	. 19	to 813 death occurred an the do	ete and haur and Iram	—, that (I) (we) lost the causes stated ATE SIGNED / 3/85
TO HOSPITA retained by TO FUNERA should be dewith the State IMPORTANT	23a. B	URIAL, CREMATION, REMOVAL	171 12	1.D.	6804 PARK HI	ZIGHTS AVE.		
BP	1	Burial	SEPT.5,1985 A	RLING	TON CEM	BALT	IMORE, MD.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FL	INERAL DIRECTOR SOI	L LEVINSON & BROOWN RD. BALTIMOR	S.	25a DATI	REC'D. BY REGISTRAR		



268117	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 5 2	4 3 5 0
		CEASED NAME FAST		WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e 4 moy be tror, page 3 start death	1700	OR PRINT)	N	P.	CI.	scle	9-2	1-85 850 1
moy moy	3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	1	MALE	Whi	te	MONTH	- //- 1882	103 YRS.	MONTHS DAYS HOURS MIN.
0 50 67 C	70 B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNT	Y OF DEATH
funeral thing?	1	Maryland	II	.S.A.	WIDOWE	D NEVER MARRIED	Baltimore	County MD.
fed with	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
by tilled		Towson	VAI	Ley VIE	w M	vasing Home	Ret Firefighte	r INDUSTRY
dbe in	13a.	AL RESIDENCE (IF NURSING HOME C STATE 136 COU	INTY	13c. CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
filled hould b			timore	Middle	River	YES NO	408 Catherin	e Ave. 21220
within within d 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST
D # / #)	./	Not Known		Cis			Not Known	
Page Comp		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS	21202
S. Poo		No		218-28-	3150	Sidney Kapl	an 11 E. Mt. Roy	
ysical oper vol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe	r line for (o), (b), on	d (C)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
p ph on p emo			TE CAUSE (o)	Ca	rdia	e arrest	hmia	
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on Till In	ON N	0	rgan	ie Bro	aur	90		
n. n. nos beer nos beer we ony i	CERTIFICATION	HE DATE OF OPERATION	Mrs. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH ES NO IN
ysicion ysicion cote h onsit l Hygier	E	21s. ACCIDENT WAS UNDERLYING	715 TIME C		N/ (0)	THE HOW INJURY OCCUR	RED (ENGENATURE OF PURIS PURIS IN	tend .
Ad ATP	4	OR CONTRIBUTING CAUSE OF DE	Marie Contract Contra	M. MONTH D	AY YEAR			\
HYSIC nding nis cer burio I Ment	MEDICAL	THE INJURY OCCURRED		OF INJURY	19	TH LOCATION	The Share Sand	152 May 1
G Pten ond ond	ME	WHAT OF THE THE	(AT HOME ST	REET, PACTORY, OFFICE, P	ARM, ETC.	13401	CITI OR TOWN	MAIL THUOS
A P P P P P P P P P P P P P P P P P P P		22x.1 certify that (I) (fine-not)	min attended to	e deceased from_	.5	129/10/1	10 9/21/	19 85 that Ill Iwellast
ATTEND ospital o CCTOR: , d for use t, of Heo	100	sow the decemed alive a	9/	20/ 10/	1 01	d that in (my) (a ppinion	death occurred on the date and ha	
×4 × 9 0 9		obove (f) in a Label (d) d in 226. SIGNATURE	DIT VIEW THE EXPOY	atter geath.		DEGREE		THE DATE SIGNED
		//	rigi	non	1	ATTENDING PHYSICIAN [MEDICAL STAFF	9/23/85
SPITAL 3 by th NERAL be dete e State TANT: I		ZZE PHYSICIAN'S NAME HITE	cample	./		114 ADDRESS	0. 01.	and pot
TO HOSPITA retoined by TO FUNERA should be de with the Stat		V. NG	MYE	N	100	6331 B	class Rd 2	1206
70 - 23 4	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE
BP		Crematio	n Sep 2	3 1985 W	estvi	ew Memorial	Baltimore	Maryland
DHMH - 16 50M 4/82		UNERAL DIRECTOR		ADDRESS		ICE	TE REC'D. BY REGISTRAR 256. REGIS	
(VRA 15, 4)		Leonard J. Ruck	, Inc.	Baltimor	e, Ma:	ryland	2 3 1985 meria	vidson-Rondalle

STATE OF MARYLAND

	HIA SU TO STADINGS			3
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girmol second fall			bas (venil)	
Not Firelighton	9,80 / N. W. 23	le opine pol	Powerun	
NDS Calibertine Are. of 900		Carried Sounds	fall hmfgml	
mont sol	0400			
of the New York Avenue II	or formal condition of the	or at		
	777 5 70 4			
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nlyan: samiyind	Sironoù iwi			

STATE OF MARYLANZ ATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL 270032 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DESCATH REGISTRAR 20 DATE KNOWN MONIH WAY I DECEASED NAME

SEX	MILLON			Clark			OF ESTI-	9	1885	001
Male	Milton A.RACE White	DATE OF BIRTH MONTH DAY	YEAR 6. AGE (INTY LAST BIRTH	YEARS IF UN	DER 1 YR. IF U	NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH 9	18 1085	24 HO
a. BIRTHPLACE (ST FOREIGN COUNTRY) Michiga	ATE OR	TE. CITIZEN OF WH	AT COUNTRY?	1.	ED NEVER /	AARRIED	9. BALTIMORE CITY Baltimore			,
Essex		53 A By	PITAL, NURSING HOA ILITY, GIVE STREET ADDRESS VAY South)	ER INSTITUTION		UAL OCCUPATION (TO MOST OF WORKING LIFE) Electric	YPE OF WORK	0R INDUS	
ISUAL RESIDENCE 30. STATE Md.	13b. COUNT		E RESIDENCE BEFORE ADMIS 13t. CITY OR TOWN Essex		13d. INSIDE CITY LIA YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	130. STF	REET ADDRESS A Byway So	outh	21221	
I. FATHER'S NAME FIRST Georg		WIDDLE	clarke	1073	15. MOTHER'S A FIRST Effi	e	Jerusha		ichell	
WAS DECEASED (YES, NO, OR UNKNO unk	D EVER IN U.S. ARM WN) (IF YES, GIVE W		374-10-91		Vivian		ADDRES		uth 21 2	22
	is, if any, which e to immediate	(p)	AS A CONSEQUENCE	E OF			disea	مه		
	stating the <u>under</u> - se last.	(c)								
cause (a) lying cau PART 2 OTHER SI	se lost.	(c)	UT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVE	N IN PART I (a).				
cause (a) lying cau PART 2 OTHER SI	SMIFICANT CONDITIONS CO	(c)	IUT NOT RELATED TO THE TEI						20. AUTOPSY	, , ,
PART 2 OTHER SIL	OPERATION	(c) ONTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M	ION FOR WHICH OPE	ERATION W.	AS PERFORMED	?	NATURE OF INJURY IN ITEM T	16 PART 1 OR PAÉ	YES 🗆	1? NO.

DHMH-17 20M 1/73 (VR A15 ME (5))

TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE. WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE VERENDED. WITH THE STATE DEBARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.

BALTIMORE, MD. 2120

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST

9/20/85

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY STATE Md.

Cremation 24. FUNERAL DIRECTOR Connelly Funeral Home 300 Mace Ave. 21221

CROSSAN

EXAMINER'S NAME T

23a.BURIAL, CREMATION, REMOVAL 23b. DATE

SEP 25 1985

\$36,000

	25	608	32
1	2	series people	
1201	yers after death. Pa	the famen of de	September 1
E, MARYLAND 2	cuted within 24 ho	campletell	col exemination
RESTON ST., BALTIMORE, MARYLAND 21201	e death certificate be executed within 24 hours after straits. Page	e attending physicion and completely more carbon popers. Pages 1 and 2 c. Miller in the more carbon popers. Pages 1 and 2 c. Miller in the more carbon pages.	traumatic event, the medical exemination
REST	deo	move nation	trour

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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8	5	2
0	~	E.

	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYGIFICATE OF DEATH	GIENE 8 5	La	4 0	3 4
		CEASED NAME WILLS OR PRINT) WILL	. and a		otos ocos		9 6	SS YEAR	8 AM
	3. SE)	Male	W	ite /	OF BIRTH DAY YEAR 12 24	6. AGE (IN YEARS LAST BIRTH	YRS	UNDER I YEAR	HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN POUNTRY)	0 - S	MARR		9 BALTIMORE CITY OR	TO C	COUNT	IND
1	I	TY OR TOWN OF DEATH Cowson	ST- JOSE	ACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RAYMOND M	WORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS OR
9	13a S	AL RESIDENCE (IF NURSING HOME) STATE 136 CC	BUNTY 13	E RESIDENCE BEFORE ADMISSION COLLY OR TOWN TOWSON	YES NO A	13e STREET ADDRESS / 9 Airway		204	
C		Stephen	WIDDLE	Cocos	15 MOTHER'S MAIDEN NA FIRST Magdale	MIDDLE		Kirke	
		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, WW	GIVE WAR OR DATES)	84-12-596	Mrs. P.L.Coc	os 9 Airway			
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line ISED BY.	e farial, 16, and 1011 Xente an	terolateral i	Муссаний	?	BETWEEN C	MATE INTERVAL ONSET AND DEATH
	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN ACCUSE	DUE TO, OR A	/1	UT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN	IN PART 110	0
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIC	ON FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	NG CAUSES	
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK AL WORK	DEATH HOUR A.M. P.M. 21e PLACE OF	MONTH DAY YEA		RED (ENTER NATURE OF INJURY	- 1	ORPART 2)	STATE
		220.1 certify that (I) (this has sow the discount (I) the (did) did	an dept	1 19 85	and that in (my) aur) apinion	, to death accurred on the dat	, 19. te and haur ar		
,		220 PHYSICIAN'S NAME (TY	PE OR PRINT)	adel -	ATTENDING PHYSICIAN E	MEDICAL STAFF		9-	-6-85
	23a B	WATRICAL PROPERTY OF THE SURIAL CREMATION, REMOVE		23¢ NAME OF	St. Josep	h Hospital			
		Cremation	9-10-8	35 Gree	nmount	Baltimore	City	OUNTY	Md.
	24 PL	UNERAL DIRECTOR		ADDRESS		TE REC'D. BY REGISTRAR 2			

Mitchell-Wiedefeld Home 6500 York Road 21212

BP

(VRA 15, 4)

DHMH - 16 60M 7/B4

10 FUNERAL DIRECTOR. A should be detached for use with the State Dept of Heal

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

executed within 24 hours

ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

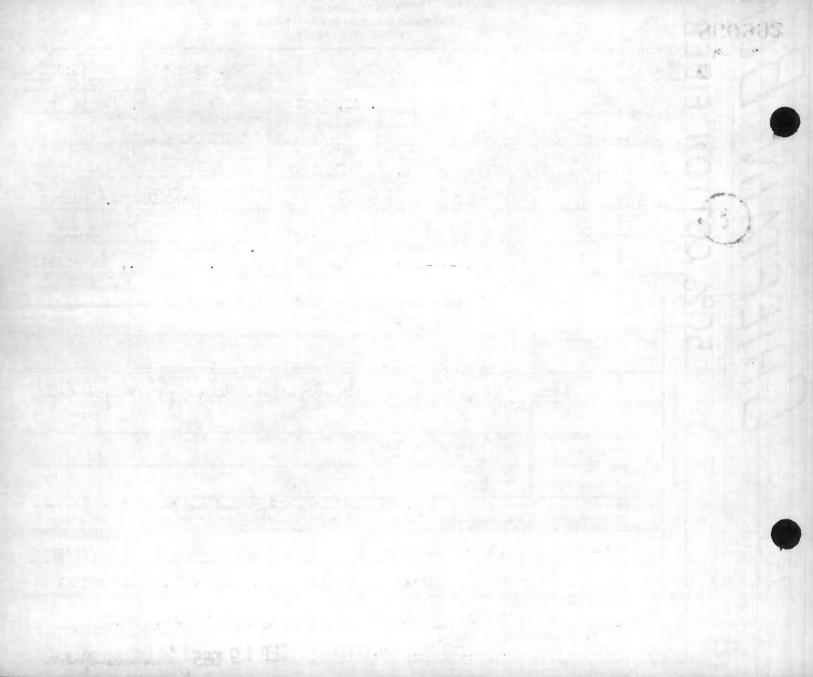
retained by the hospital or attending physicia

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.98	1.	FOR STATE	DEPA	RTM	NT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 5 2	4 3	5 3
.00		REGISTRAR				ICATE OF DEATH	REG. NO.		11
m# 1.		CEASED NAME FIRST NATI	IA NT		СОН	ent .		AY YEAR	26 HOUR
deorth deorth	3. SE		14 RACE		5. DATE C		SEPT. 15,1985	IF UNDER 1 YEAR	5:50 AM
offer.	3.50	MALE	WHITE		MONTH		77 YRS.	ONTHS DAYS	HOURS MIN.
100 mm		RTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNT USA		MARRIE	DIXXNEVER MARRIED DIVORCED D	BALTIMORE COUNTY BALTIMORE COUNTY		MD
190		IKESVILLE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST NEW JEWISH CO	RSING	HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE CHAUFFEUR	126 KIND	OF BUSINESS OR
100	MSU.		OR OTHER INSTITUTION GIVE RESIDENCE BE	OWN	DMISSION)		13e.STREET ADDRESS / ZIP CODE 6958 BROOKMILI	RD.	#21215
Con	D.	ATHER'S NAME BENJAMIN	MIDDLE LAST COHE	N		15. MOTHER'S MAIDEN NAME FIRST ANNA	WIDDLE	ı,	ČATZ
Poper C		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C		ECUR			RS. THELMARECOHEN MILL RD. BALTO)., MD	21215
by the offending pose remove corbon ose remove corbon of cremotion, or ren other troumotic ev		Conditions, if ony, which gave rise to immediate cause iol, stating the underlying cause lost.	DUE TO, OR AS A CONSE	QUEN	0)		S. Chron		
hos been signed i permit. Then ple ene prior to burio	CERTIFICATION	PART 2 OTHER SIGNIFICANT	conditions CONTRIBUTING - My 1	ex	na	- Kenal Jail	IN CERTIFY	WERE AND	illa
ol-tronsit ntol Hygie em (B) m		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA		
s the bur s ond Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF	ICE FAR		211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
TOR: Afforuse of Heolith		sow the deceased alive a	pital) attended the deceased Ira 8 - 17 nat) view the body after death.		10	nd that in (ma) (our) opinion of	to 9- (5)	ond from the	that (I) (we) last
AL DIREC Jetoched ote Dept II: If hem		276. SIGNATURE	RYEnlas	2	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		15/85
should be deto with the State		STANZEY	STEINB	Ac	N	22e ADDRESS 11 SLADE AV	/E. BALTIMORE., M	ID. (21	.208)
<u>~ ~ 3 ≥ 7 </u>		BURIAL, CREMATION, REMOVA	9/18/85			EMETERY OR CREMATORY SRAEL CEM	23d LOCATION CITY OR TOWN BALTIMORE.,	COUNTY MD.	STATE
1 14 40AA 7/R4	24 FI	INERAL DIRECTORSOL LE	EVINSON & BROS.			25a. DATI	REC'D. BY REGISTRAR 256. REGISTE	AR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTIMORE., MD. (21215)



24		CEASED NAME OR PRINT)	FIRST	el D	Colanto	orio	NS1	REG. NO. 26. DATE OF DEATH MONTH	DAY YEAR	
6.6	1.5E		. naz	4 RACE	Colante	5. DATE O	F BIRTH	September 18 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR JUNE	
9.5	Fe	male	1112	Caucasia	an	March	20 1915	70 VRS	MONTHS DATS HOLL	
11 25	0.754	RTHPLACE (STATEOR	FOREIGN		WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Baltimore County	TY OF DEATH	
CX	1.C	TY OR TOWN OF DE	ATH	11NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homenaker	126 KIND OF BUSIN	
		RESIDENCE (IF NUR TATE Tyland	13b COUN Baltim	OTHER INSTITUTION	136. CITY OR TOV		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI 3854 Terka Circle		
1/30	1	seph DiPietr		AIDDLE	LAST .		15 MOTHER'S MAIDEN NA FIRST Clorinda Vara	WIDDLE	LAST	
S. Popm		VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	215-03-1			Colantonio≙Reed ry Road Pikesvi	ille, MD. 2	
ng physic ban pape remaval c event, tl		PART I. DEATH V		y ane cause per BY E CAUSE (a)	r line for (a), (b) a	nd (c)	урставо	I mpocho	2 Sudd	
ottendin ove cark stion, ar raumatic		Conditions, if any		DUE TO, C	R AS A CONSEOL	JENCE OF	y orter	cosclesois	2104	
by the ase rem I, crema		gave rise to im cause (a), stati underlying causi	ng the	DUE TO, O	R AS A CONSEOL	ENCLOS	the the	nigeres	196	
Then plant to burn a beginning	NOI	PART 2 OTHER SIG	a B	e fo.	ONTRIBUTING TO	P L	NOT RELATED TO THE TERM	AINAL DISEA Y OR CONDITION G	IVEN IN PART 1	
11019	THEATION	INE DATE OF OPERA	TION	IN COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	IN CERT	ES, WERE FINDINGS USE IFYING CAUSES OF DEA (ES) NO	
	AL CERT	OR CONTRIBUTING []	CAUSE OF DEAT	THE RESERVED FOR	M MONTH D	AY YEAR	THE HOW INJURY OCCUR	RED TENNE NATION OF MAJOR OF TENNE	PART I GREART TI	
the but	MEDICA	214 PHILIPY OCCUR	RED	21s. PLACE	OF INJURY REEL FACTORS OFFICE		ZII LOCATION	CITY OR HOWN	COLINTY	
CTOR: At the use o gf Health (2) is man		27s I certify that (I say the decease above, (I) (west)	(this hospital	to the local	a specified Same	5 000	d that i (my) or aginion	5. to 9/8 death occurred on the date and he	19 the course of	
W 9 + E		Willes	me	en	ne	17:	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/19	
deroche ore Dep of Silve			AME DIFFE	7	1. P	>-	DADDRESS 7	C+ (30.1)	164	
O FUNERAL DIE hould be denoche with the State Dep		Wm F	=. [Jeu	uch		3	3 1 2000	2 - N.	
TO FUNERAL DIST	O. CO.	URIAL CREMATION	REMOVAL	2A DATE 9-20-85			METERY OR CREMATORY y Redeemer Cem.	23d 10CATION CID de sown Baltimore C	ity Maryla	

Minny Suno:

Mrs. Hanel D. Colembonic

parties of the court of the cou

otout) mest Pot I measurable ...

the first a Militaire Hadailaton - X 1959 Testa Cudie

Joseph Hillington Mr., charge Of attende-1008

LA LE DES ATTENDED ST. IV. el syzé Liberty Beef Produttsbron, légylerek 2153 259104 R. After this certificate has been their use as the burial-transit permit. Then dealth and Mental Hygiene pria their is marked or Item 18 shows any miner.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.				1193
	CEASED NAME	FIRST	٨	AIDDLE	ł	AST		2a DATE OF DE	EATH MO	NIH DA	Y YEAR	2b HOU	RIPM
	0.000	BER	THA		C	OLBERT		13.00		7 5	85	181	M
3 SE	X		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHD		UNDER - YEAR	IF UNDER	
	FEMALE		WHI	TE	MONTH		n 6	7.0		YRS.	DAYS DAYS	HOURS	MIN.
	RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	8			9 BALTIMORE	CITY OR C		OF DEATH		
F	ennsylva	nia	USA			D NEVER N							7
_	TY OR TOWN OF DEA			HOSPITAL NURSIN	WIDOWE G HOME C		ORCED	12a USUAL OC	CUPATION		12b. KIND C	E BUSINE	MD.
	TOUGON		1	H FACILITY, GIVE STREET				TYPE OF WORK FO	OR MOST OF W	ORKING LIFE)			00 01
DISIL	TOWSON AL RESIDENCE (IF NURS	ING HOME O			V	TAL		Hous	sewif	е		60. 5	
	STATE	13b COU		130 CITY OR LOW	N,	13d INSIDE CI	TY LIMITS?	13e STREET ADD	DRESS / Z	P CODE	217	37	4
	MD	B/	ALTO	Dunda	LK		NO K	33	ADMI	LAS	RIVO	3	
	THER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	WE	MIDDLE	W.F	LAS	1	
F	rank			Mehoke		Mar					Broo		
16a V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMAL			ADDRESS	1		21	237
	NO OR UNKNOWN)	(IF YES GI	VE WAR OR DATES)	213-36-	-1326	Catl	nerine	e Wolf	7610	Bri	ghtsi	ide .	Ave.
	18 CAUSE OF DEAT	H (Enter or	ahu ana sausa aas	line for int the nor	dieni			^			APPROX	MATE INTER	VAL
	PART I. DEATH W	AS CAUSE	D BY	Acute		carpi	1	Stren.	-da		BE I WEEK	ONSET AND	DEATH
		IMMEDIA	TE CAUSE (a)	F10010	144	0001	1	27.1-100					
			DUE TO, OI	R AS A CONSEQUE	NCE OF						1000		
	Conditions, if any, gave rise to imm		(b)										
	cause (a), statin underlying cause	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF						180		
	onderlying coose	iusi	(c)										
7	PART 2. OTHER SIGN	HIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	DR CONDIT	ION GIVE	N IN PART 1	0	
CERTIFICATION										112			
CAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPS			WERE FINDING CAUSES		
T			14 20 30					YES N	100	YES	CAUSES	NO []
CER	210. ACCIDENT WAS UND	ERLYING [21b. TIME O			21c. HOW IN.	IURY OCCURE	RED (ENTER NATUR	E OF INJURY IN	TEM 18 PAR	T I OR PART 2)		
	OR CONTRIBUTING		AIB	M. MONTH DA									
MEDICAL	214 INJURY OCCURE		P./ 21e PLACE (19	211 LOCATIO	N						
ME	WHILE I NOT WH			EET FACTORY, OFFICE, FA	ARM ETC.)	STREET		С	ITY OR TOWN		COUNTY	S	TATE
	AT WORK AT WOR	RK L											T-II.
	22a.1 certify that (1)		- 4	e deceased from		1.1 . 1	. 19	, to		, 14		that (h (s	
		did)	of view the body	after death.	, ar	nd that in (my)	aur) opinian i	death accurred a	in the date	and haur i	and from the	causes sto	yed
	22b. SIGNATURI	/1.	As.			DEGREE					77E DATE	Springe	3
	V	SUL	w			A P	HYSICIAN E	DIRECTOR	PHYSICIAN	v 🔲	1	VI	5
	22d. PHYSICIAN'S	ME ITYPE	OR PRINT)		121	22e ADDRESS		1					
	7	(5	USSENI			47	· 705	e724	en		,		
23a. B	URIAL, CREMATION,	REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR C	REMATORY	23d LOCATIO	ON				
	Burial		9/9/8			wn Cei		CITY OR 1	TOWN	imor	COUNTY MC		TATE

DHMH - 16 60M 7/84

(VRA 15, 4)

TO-FUNERAL DIRECTOR After this should be detached for use as the buwith the State Dept of Health and MIMPORTANT: If them 21 is marked or

24 FUNERAL DIRECTOR Connelly Funeral Home of Dundalk

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
SEP 1 1 1985 Julia Davidson - Acros Maria

THE COUNTY OF THE CONTY

73		FOR STATE REGISTRAR		DEPARTMENT CEF	TATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	REG. NO.	2 4 3 5 6
		EASED NAME FIRST TOMPS TOMPS TO TOTT TO TOMPS TO	e Joseph		lbert Jr.		PI685 159
3	. SEX	70-71	4 RACE	5 D/	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 H
	-	Male	White		07 15 16	69	YRS.
25]	THPLACE (STATE OR FOREIGN DUNTRY) d. Y OR TOWN OF DEATH	U.S.A.	MA	RRIED NEVER MARRIED OWED DIVORCED DIME OR OTHER INSTITUTION	9 BALTIMORE CITY OR BALTIMORE 12a USUAL OCCUPATIO	= cow DTY
1		Towson	STELLA	MARIS	HOSBICE	(TYPE OF WORK FOR MOST OF Ret. Crain	WORKING LIFE) INDUSTRY
5	1 S	Md. Bal	UNTY 13c.	CITY OR TOWN Balto.	YES NO		ZIP CODE Cir. 21204
1	FA	James J. Colt	ert, Sr.	LAST	Bernadette	MIDDLE	Brown
1		AS DECEASED EVER IN U.S. AS NO OR UNKNOWN) (18 YES. 1	GIVE WAR OR DATEST	SOCIAL SECURITY N		olbert, Same	as 13e
	Z	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS	A CONSEQUENCE (minal disease or cond	ITION GIVEN IN PART Ito
9	CERTIFICATION	90 DATE OF PERATION	196 CONDITION	FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT CHEER NOTIFY MEDICAL EXAMINATION OF COURRED OF LEFT CHEER CAUSE OF LEFT CAUSE OF LE	HOUR A.M. P.M. 21e PLACE OF IN	MONTH DAY Y	19 211 LOCATION	RRED (ENTER NATURE OF INJURY	
		220 I certify that (I) (this has saw the demonstrative above, (I) (wo (dight) (did 22b. SIGNATURE)	9-16	19 75	and that in (my Volta opinion		e and hour and from the causes stated
1		22d PHYSICIAN'S NAME (1VP Kendall R.		1.D.	22e ADDRESS Stell:	MEDICAL STAFF □ DIRECTOR PHYSICIA A Maris Hospi Valley RdT	an 17-76-6
IMPORTAN 2		JRIAL, CREMATION, REMOV	23b. DATE 9-20-85		OF CEMETERY OR CREMATORY		COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc., 5305 Harford Rd.

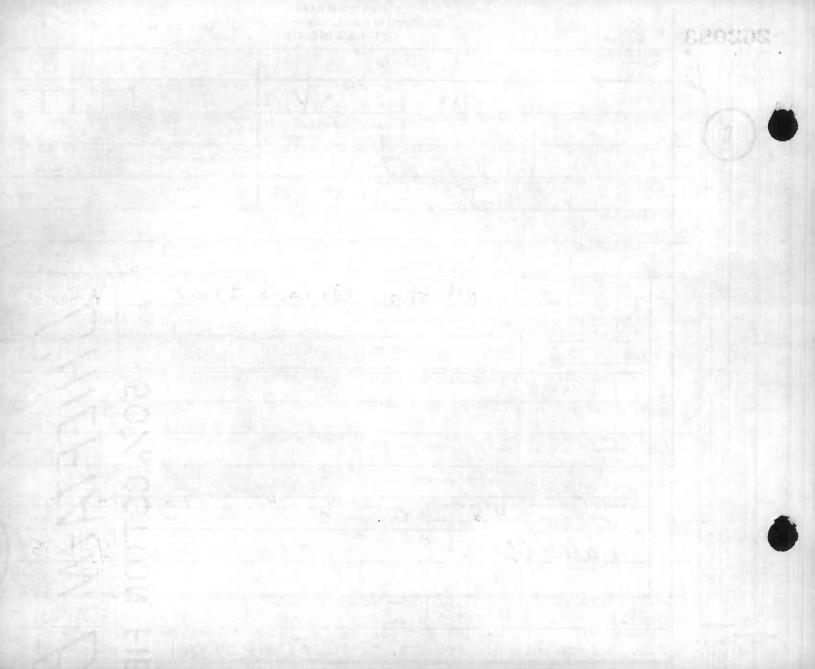
So gate 650 g By REGISTRAR'S SIGNATURE NO.

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una Daydoon Mandalle

J.J. Hartenstein New Freedom, PA 17349

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	/	REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	O		
1	1. DEC	CEASED NAME IN	RST	MI	DDIE	l,	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	117776	There	sa			Coll	ins	September 2	, 1985		9:00P
1	1.5E)	DESTRUCTION NO.	4 RAC	E		5. DATE C		6 AGE LIN YEARS LAST BIR	HDAY) IF L	INDER I YEAR	IF UNDER 24 HRS
Ų	F	'emale		Whit	e	047	28/1909 th	76	YRS.	DATS	HOURS MIN.
r		REMPLACE IN ATE OR FORE	GN 76 CIT	ZEN OF W	HAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1		aly		USA		WIDOWE	77	Baltimore	County	/	M
V	V	TY OR TOWN OF DEATH					R OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND C	OF BUSINESS OR
1	Ro	ssville	Fra	nkli	n Squa	re Ho	spital	Housewi:	e l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	13a: 5	TATE 13b	HOME OR OTHER IN COUNTY Baltin		Dundal		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	zip code erty P.	kwy.	21222
1	1	rank rank	WIDDLE	E	Buttäro		15. MOTHER'S MAIDEN NA/ Assunta	WE		ĮA:	57
N		VAS DECEASED EVER IN L	J.S. ARMED FO		166 SOCIAL SEC		17 INFORMANT	ADDRE			
1	- 17	no no naknowa)	YES, GIVE WAR OF	(DATES)	033-18	3-2923	Lois Back	of 942 Elt	on Av	e. 2	1224
		PART I. DEATH WAS IMM Conditions, if any, wh gave rise to immedicause (a), stating underlying cause I	CAUSED BY MEDIATE CAUS Dirich (ate the DI	JE TO, OR	AS A CONSEQU	ory ar	rest lar accident				imaté interval Onset and Déath
	TION						NOT RELATED TO THE TERM				
2	CERTIFICATION	190 DATE OF OPERATION	19	19b. CONDITION FOR WHICH OPERATION			N WAS PERFORMED	YES NOX		ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO	
1	MEDICAL CE	00 00 100 100 100 100 00 00 00 100		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART	OR PART 2)	
	MED	21d. INJURY OCCURRED 21e PLACE ((AT HOME STR			OF INJURY 21 LOCATION SIREET SIREET			CITY OR TOWN COUNTY STA			
		270. Learning that (this hospital) attended the deceased from August 13 19.85, to September 2, 19. saw the deceased alive an September 2, 19. saw the deceased alive an September 2, 19. saw the deceased alive an September 2, 19. saw the deceased alive and save, ((we) (did) (did part view the body one death.)									
		226 SIGNATURE	6 1	nc			DEGREE ATTENDING	MEDICAL STAF	£		SIGNED
,		22d. PHYSICIAN'S NAME	0.	elle	w. W	0.	PHYSICIAN [DIRECTOR PHYSIC		9-2-	85
		Keith W.		, MD			9000 Frankl	in Square D	rive 21	237	
9		URIAL, CREMATION, REA		DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OHNTY	STATE
	,	Burial	9,	16/81	5 08	ak Ta	wn Cemetery	Bal.	timore	Md	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Connelly Funeral Home of Dundalk

SFP

250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNA THE COLD TO 100 F. 1005 CHERA SAUTHON WITH SERVICE STATE STATE

water and the same

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 254099 REGISTRAR REG. NO . DECEASED NAME 2e. DATE KNOWN D (TYPE OR PRINT) OF ESTI-4 RACI DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD Male 15 1915 70 White 4 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED U.S.A. WIDOWED & Virginia DIVORCED Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Dundalk 1221 Willow Road Contractor-Industrial Enginer UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 113h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES 🗌 Maryland Baltimore Dundalk NO IX 1221 Willow Road 21222 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Eugene Conley MAry Forrester 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Rt.2 Box 3 IYES, NO, OR UNKNOWN) No 214-14-0586 Lola Evans Aurora, N. C. 27806 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY (AT HOME 214. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from: Natural causes Hamicide Suicide Undetermined manner TITLE (SPECIFY PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME TOROSSAN (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 230. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 9/8/1985 Hopewell Methodist 07/84 Burial Farmham Virginia 25AA 24 FUNERAL DIRECTOR 25c. DATE REC'D. 25h REGISTRAR'S SIGNATURE Duda-Ruck, Inc. DHMH - 17 (VR A15 ME (5)) -unwor-pandable 7922 Wise Avenue Dundalk, Maryland

STATE OF MARYLAND

63130	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	2	4 3	6 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
poge 3		GLAD'	YS W	CONLON		00 1	2 85	м
e e	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY] # C		UNDER 24 HRS
9 40	1	FEMALE	CAUCASIAN	01 05 20	6.5	YRS.	DATS HO	DURS MIN.
P 109			Th CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
o S S	1	Maryland	USA	WIDOWED X DIVORCED	BALTIMOR	E COLI	VITY	MD.
ed "	78 C	TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMAKET	ION	126 KIND OF BL	-
The state of the s	rUsU.	AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)				
rox	120	MD DE COUN	TY I3c CITY OR TOW		13e STREET ADDRESS		ANC DD	-2121
li tal	115	THER'S NAME		15. MOTHER'S MAIDEN NA	ME		ANS RD	0/0/5
N W	K	Wilmer Berry V	vaters LAST	Gladys	Kingsland W	hite	LAST	
D 8 8 A		VAS DECEASED EVER IN U.S. ARA				51910 E	astride	e Rd.
E di		res, no or unknown) I if yes, give	219-05-	5756 Charles C. C	onlon, III		um, Md.	21093
hysica coper covol. nt, th		18 CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSE)	y ane cause per line far (a), (b), and	dich			APPROXIMATE BETWEEN ONSE	TAND DEATH
ng bh			E CAUSE (a)	wound upu	Man		motor	Dance
e corl on, or motio			DUE TO, OR AS A CONSEQUE	NCE OF				
andre officer, officer,		Conditions, if any, which gove rise to immediate	(b)	600			107	40
oy the		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF			10000	5
o o o				uty + Devliles			1091	~
Then To bu	NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART To	
has been it.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?		FINDINGS GCAUSES OF	
Hygi Hygi	Ü	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH DA	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
intol intol	18	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
or H	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	wN	COUNTY	STATE
ter t s the rked	Z	WHILE NOT WHILE THE AT WORK	(AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.)				
for use p of Health		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did no	al) attended the deceased from	, and that in (my) (aur) opinion	death accurred on the de	12- 19- ate and have an	857, that	
IREC hed ept.	-	226. SIGNATURE	view the body differ death	DEGREE			22c. DATE SIG	NED
AL D		Boubler.	8. Sedel	MU AHENDING PHYSICIAN	MEDICAL STAT			
FUNER OID be d		224 PHYSICIAN'S NAME (TYPE OF		22e ADDRESS				
FUN wold b		Franklin I	E. Leslie, M.D.	3501 St. Pa	ul St. Balt	imore,	Md. 21	218

23c. NAME OF CEMETERY OR CREMATORY

New Cathedral

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Sept. 16,1985

236. DATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Baltimore City, Maryland

61.5 ST HOSER HOSERTAL

BALTO. MD 21236

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

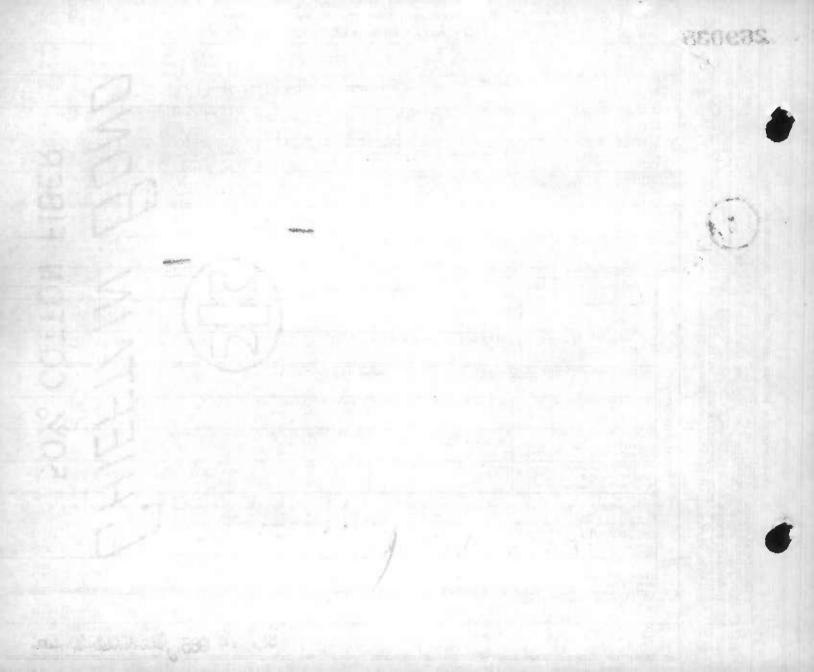
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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				- 6

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	Ю.	2 - 1 - X			
DECEASED NAME FIRS			AST	20. DATE OF DEATH	MONTH DAY YEA	IN THOUSE			
Mrs.	Margaret J.	Cook			716/85	- 20			
SEX	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIE					
FEMALE	White	MONTH 3	16 1893	92	YRS.	AYS HOURS MIN			
BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEAT	Н			
PA.	U.S. A.	WIDOWE		Balt Co	sunta	٨			
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPAT		ND OF BUSINESS C			
andallstown	Chapel Hi	Conv.	HomE	Homemak	OF WORKING LIFE) INDUS	IRI , I			
UAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDEN			7.00	17:D 0005 -1	1000			
Md 130	Balt 130 CITY C	CHEARN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	DEPERA	Dr. 1			
FATHER'S NAME			15. MOTHER'S MAIDEN NAM		acricia n				
John	MIDDLE	ands	Phoebe	WIDDLE	Morris	LAST			
WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT Mrs	. Janet Ber					
(YES, NO OR UNKNOWN) (IF Y	ES GIVE WAR OR DATES)	01-6363 E	3713 Lochea		chearn, MD,	21207			
1	ter anly ane cause per line far (a)		OTTO BOOTION	177 21.		PROXIMATE INTERVAL VEEN ONSET AND DEATH			
PART I. DEATH WAS C.		, to and te	te concol.	1400, 1/2	1 Hope Vin 7	C AND DOWN			
IMMI	EDIATE CAUSE (a)		C Course	Marke	1 recujed	TA			
	DUE TO, OR AS A CO	NSEQUENCE OF				1130 4 111			
Conditions, if ony, which									
gove rise to immediate									
cause (a), stating the UNE TO, OR AS A CONSEQUENCE OF underlying cause last.									
(c)									
PART 2. OTHER SIGNIFICATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN	ANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PAR	RT Ita			
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI				
				YES T NOT	IN CERTIFYING CAL	NO			
218 ACCIDENT WAS UNDERLYIN			21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM IS PART I OR PAR	T 2)			
OR CONTRIBUTING CAUSE									
(IF EITHER NOTIFY MEDICALEXA	P.M. 21e. PLACE OF INJURY	19	211 LOCATION						
WHILE NOT WHILE	LAT HOME STREET, FACTORY		STREET	CITY OR TO	OUNT COUNT	Y STATE			
AT WORK AT WORK				50	1 0				
22a.1 certify that (1) (this	hospital) aftended the deceased	d from	. 19 /-6	to	6 1903	, that (I) (we) lo			
saw the deceased all abave, (I)	re an John body alter deat	19 <u>05</u> , or	nd that in (my) (our) s pinian d	leath occurred on the d	ate and have and fram	the causes stated			
22b. SIGNATURE		Δ.	DEGREE		22¢ D	ATE SIGNED			
VI	800000 PM	DU.M	ATTENDING	MEDICAL STA	FF _ 9	7.15			
100	mer & wil	4		DIRECTOR PHYSIC	CIAN	102			
22d. PHYSICIAN'S NAME	TABE OB WHAT		22e ADDRESS		111				
		3395 F	600 Kee	Herrowe	U Ra ZI	1508			
BURIAL, CREMATION, REMO	DVAL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
Burial	9/9/85	Parkus	ood Cemetery	Parkvi	lle Balti	imore STATE			
FUNERAL DIRECTOR TOP	ing Rugne Frings	and Danage	tone Inc 150 DATE	REC'D BY REGISTRAD	25b. REGISTRAR'S GIG				
790 Tabanta D	ing Byers Funer oad Randallstå	DDRESS MD	21133 SE	P 9 1985	A COUNTY OF THE PARTY OF THE PA	Manage			
140 Liveriu R	Jaa Ranaallsta	JUIL, MID,	41100	0 .000	P				

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

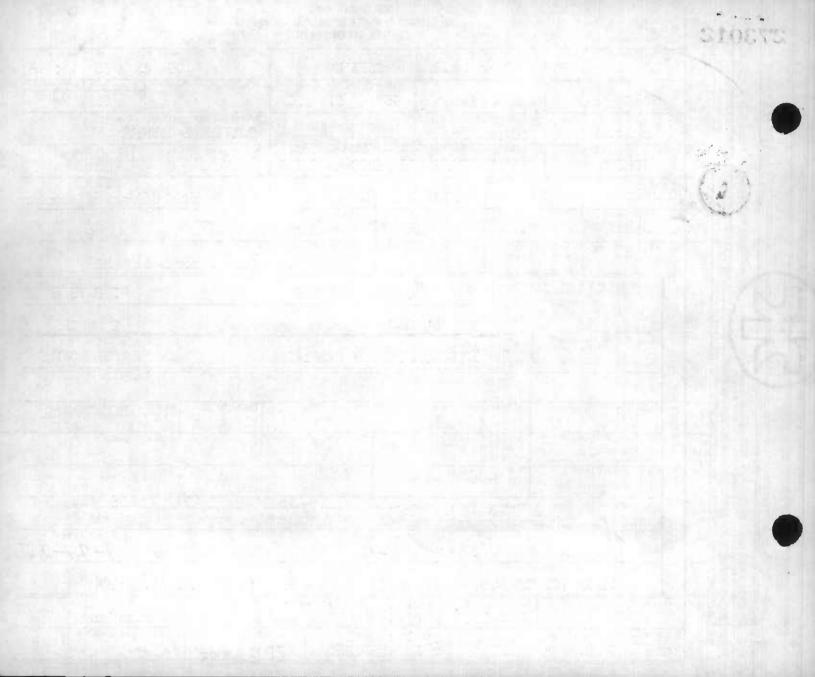
ı		REGISTRAR				CEKTIF	ICATE OF L	EATH	REG.	NO.				
1		CEASED NAME OR PRINTI	JASON		rshall		OSTON		2a DATE OF DEATH	09	23	1 85	26 HOUR 11:11P _M	
		Male		Cauca:	sian	5. DATE C		ľ85	6 AGE (IN YEARS LAST	YI	RS 4	DATE DATE	IF UNDER 24 HRS	
7	M	RTHPLACE ISTATE OF COUNTRY) aryland		United	what country?	WIDOWE								
d	TOWSON GREATER BACTIMO													
2	Ма	ryland	NB NOT	No.	Baltimo		134 INSIDE C	NO 🗌		th (Calv	2121 ert	Street	
,	1	Jason		M.	Costo		Sa	ndra ndra	MIDDLE			Haug	ar J	
1		AS DECEASED EVI		MED FORCES? WAR OR DATES)	None	RITY NO.	Jaso:		Coston, s	ame	as	#13		
		PART I. DEATH	WAS CAUSED	y ane cause per BY: CAUSE (a)	CARDIOPU	LMONA	RY FAII	LURE				BETWEEN O	MATE INTERVAL ONSET AND DEATH	
		Canditions, if any, which (16) DUE TO, OR COR PULMONALE								2 MONTHS				
		gave rise to immediate cause (a), stating the underlying cause last				HOPULMONARY DYSPLASIA						3½ MONTHS		
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									130			
/	CERTIFICATION	19a DATE OF OPER		196 CONDI	TION FOR WHICH	OPERATIO			YES NO	IN CI	YES [G CAUSES]	NGS USED OF DEATH? NO	
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR					RT OR PART 2)			
100	MEDICAL	WHILE NOT AT WORK	JRRED WHILE	21e PLACE ((AT HOME STR	EET, FACTORY, OFFICE F		21f LOCATION STREET		CITY OR	TOWN		COUNTY	STATE	
		22a.t. certify that (I) (this haspital) attended the deceased from saw the deceased alive an above, (I) [we) (did) (did not) view the body after death.										that (I) (we) last causes stated		
		226 SIGNATURE	ma	y. E	Forres	m	1	TTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF	/	9-3	24-85	
		22d PHYSICIAN'S VIR		RES, M.			GBMC	C - 670						
	23a B	URIAL, CREMATION BURIA.	N, REMOVAL	23b DATES	1985 P	toma Churc	EMETERY OR CLC Uni	ted Me	th - CITY OF TOWN	ac,	Mar	ylan	nd STATE	

Homes, P.A. Rockville, Maryland 20850

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal IMPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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							REG. I				
	CEASED NAME	FIRST	M	NDDLE	į.	AST	20. DATE OF DEATH	MONTH	DAY YE	AR 2	h HOUR
(11FE	OR PRINT)	Louis		J.	COUR	RTS	September	12.	1985	1	0:390
3 SEX	х		RACE		5. DATE C		6 AGE (IN YEARS LAST E		IF UNDER I		FUNDER 24 H
,	Male		White		Apri	1 27 1919	66 YRS.			MONTHS DAYS HOURS MIN	
Ja. Bil	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY			Н	
7	Maryla	nd	USA		WIDOWE		Baltimore	Cour	ntv		
10 CI	ITY OR TOWN OF I	EATH 1	1. NAME OF H	OSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b. KI		BUSINESS
R	ossville	21237	Fran	nklin Sq.	Hosp	oital	Supervis	or	Cive Civ	11 S	ervi
13a S	AL RESIDENCE (IFN STATE .ryland	ISB COUNTY	HER INSTITUTION OF	GIVE RESIDENCE BEFOR	e admission) VN	134. INSIDE CITY LIMITS?	13. STREET, ADDRESS	allej	Arbe	r Co	2122] urt
-	ATHER'S NAME	orge C	ourts	LAST		15 MOTHER'S MAIDEN NA	ME	2.7		LAST	
léa ∨	WAS DECEASED EV	ER IN U.S. ARMI	ED FORCES?	166 SOCIAL SECU		17 INFORMANT		RESS			
()	YES OOR UNKNOWN)	"WWIT	VAR OR DATES)	213 14	4729	Alice Courts	, Wife	5	Same		
			CAUSE (o)	AS A CONSEQU	ENCE OF	il Cardiac Arr		diov	occula:	n	
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	Conditions, if a gove rise to couse 101, ste underlying co PART 2 OTHER S 190 DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING IFETHER NOTIFY M 21d INJURY OCCUMENTS AT WORK AT WORK AT AT 22a.1 certify that sow the december. MI (www. 22b. SIGNATURE COUNTY AT AT AT A 22a.1 certify that sow the december of the county of the c	IMMEDIATE The state of the sta	DUE TO, OR (c) DUE TO, OR (c) INDITIONS CO 19h CONDITIONS CO 21h TIME OF HOUR A.A. 21e PLACE CO. (AT HOME STREET) Ottended the Septer View (he body of the body of th	R AS A CONSEQUENT TO THE PROPERTY OF THE PROPE	ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	Disease NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET Cember 12.9.85 and that in (AP) (our) opinion DEGREE ATTENDING PHYSICIAN [INAL DISEASE OR CO 200 AUTOPSY? YES X NO RED (ENTER NATURE OF IN CITY OR CITY OR MEDICAL ST DIRECTOR PHYS	20b. IF IN CER	GIVEN IN PA YES, WERE F RTIFYING CA YES COUN 12 9 120. E	INDING USES O R12) TY 8 , the n the co	STATION (we)

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FOR 269003

by the funeral director, page 3 filed within 72 hours after death

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STATE OF MARYLAND DEPART

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CE	RTI	FIC	ATE	OF	DEATH	

5	2	4	1)	
REG. NO.				

REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			4
1. DECEASED NAME FIRST (TYPE OR PRINT) MAF		MIDDLE LIZABETH	C	OURTS		tember		1985	5:10P
3. SEX	4. RACE		5. DATE (OF BIRTH	6 AGE (IN)	EARS LAST BIRTHD.	_	IF UNDER I YEAR	IF UNDER 24 HRS
/ Female	Whi	te	Fe	b. 7, 1914	1 71		YRS	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8	D NEVER MARRIED	- Ba	RECITY OR C altimor	COUNTY	of DEATH unty	MD
CITY OR TOWN OF DEATH Rosedale	(IF NOT IN SUC	HEACHITY, GIVE STREET A	G HOME (ROTHER INSTITUTION TO THE SPITAL	120 USUAL (TYPE OF WOR	occupation to for most of w maker	ORKING LIFE	17b. KIND O INDUSTRY	OF BUSINESS OR
		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?		ADDRESS / Z Florid	ip code a Av	e. (212	227)
4 FATHER'S NAME FIRST John	MIDDLE	Shair, S		15. MOTHER'S MAIDEN N		WIDDLE		Kar	ne
60 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	,	ADDRESS			
NO		213-54-1	232	Mary Rivenl	ourg, (sa	me as	13e)		IMATE INTERVAL ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), storing the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, O		er NCE OF ed Wa DEATH BUT		20s AUT	OPSY?	0b. IF YES N CERTIF	, WERE FINDIN	NGS USED OF DEATH?
210, ACCIDENT WAS UNDERLYING	216. TIME C	F INJURY		21c. HOW INJURY OCCU	IRRED (ENTERNAL	NO	YES		NO 🗌
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	OF DEATH HOUR A.M. MONTH DAY		19	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
22a I certify that (this haspi sow the deceased alive an abave, (we) (did)	tal) attended the	e deceased from	Septe	mber 2 185 nd that in (Mac(aur) apinic	to Se	ptember ed on the date	20 and have	ond from the	that X (we) last causes stated
22b. SIGNATURE	11			DEGREE		67		22c. DATE	SIGNED
					MEDICAL DIRECTOR	STAFF PHYSICIAN	VEL	9/20	/85
22d PHYSICIAN'S NAME (1) William K 23d BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	irk. M			9000 Frank EMETERY OR CREMATOR Hill Cemetery	CITY	are Dr.		21237 county	Maryalan
Durtar	Dept. 2	31 02 CE	ual I			NTAIL B	K. ,A	RAR'S SIGNAT	Marylan

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, critical MPORTANT; if them 21 is marked or them 18 shows any injury, or other

TO FUNERAL DIRECTOR. After this certificate has been

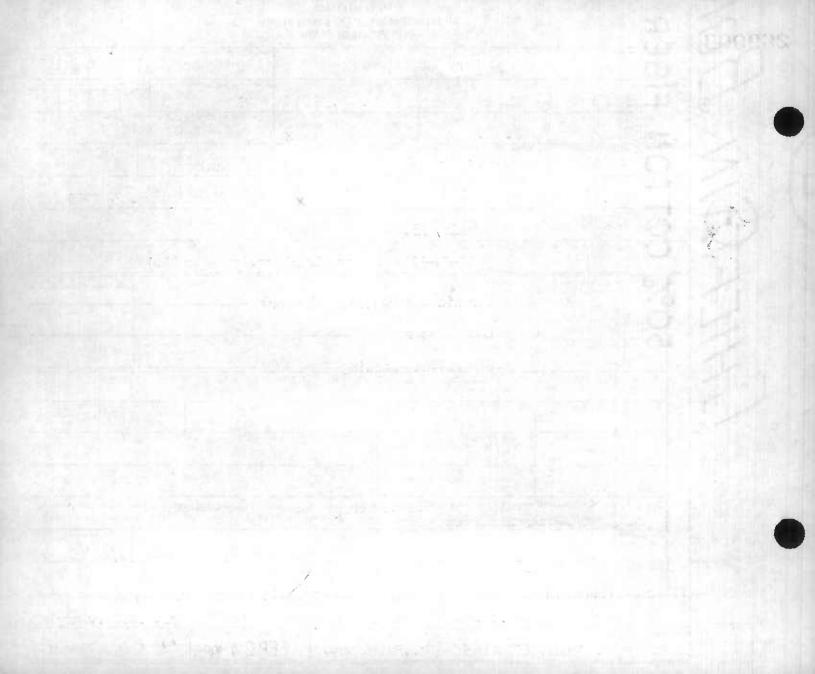
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TO HOSPITAL

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George J. Gonce, 4001 Ritchie Hg., Baltimore, MD

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oy be decay a decay.	7	ASED NAME PRIST		MIDDLE		ZZUBO		(9 19	YEAR P.S.	26. HOUR 39 M
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pinerol di min 72 ho	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy IS CITY OR TOWN OF DEATH		76 CITIZEN OF WHAT COUNTR U.S.A.		WIDOWE	NEVER MARRI	ED 🗆	BALTIMORE CITY O	noRE	= Coc	MT/MD.
all the state of t	7	QUISON	STEC	CA MA	PIS (S	HOSPIC		TYPE OF WORK FOR MOST OF Housew	F WORKING LIFE		BOSINESS OR
St. Market	13a. S	ALRESIDENCE IF NURSING HOME OR ITATE 136 COUN	OTHER INSTITUTION	13c. CITY OR TOWN Baltir	4	13d INSIDE CITY LIV YES NO		30.STREET ADDRESS . 2904 Ai		renue	21214
100	b.	Anderea	MIDDLE	D Amico		15. MOTHER'S MAIL FIRST Ros		WIDDLE		Tornab	ene
1/2		VAS DECEASED EVER IN U.S. AR. VES NO OF UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES]	214-01-		Michael	A. C	ozzubo 506			
quives that the death certificate signed by the ottending physic her please remove corbon page to buriof, cremation, or semped hiury, or other traumatic event, the	NO	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	D BY. E CAUSE (o) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO TH	t. I) is ease.	IDITION GIVE		MATE INTERVAL INSET AND DEATH
has been been been been been been been bee	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
ding physic ding physic is certificate buriel frami Membel Hyg or here 18 w	WEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.	M. MONTH DA	YEAR 19	711 LOCATION	OCCURRE	D (ENTER NATURE OF INJU			
LOR ATENDING IN the hospital or atten- DIRECTOR. After the tocked for use as the in Days of Health and if them 21 is marked.	M	white is all work. 17s. I certify that (I) this boses saw the decapres give an above. (I) we'll did Adid no 27s. SKSNATURE		19 16		DEGREE	DING	, to	g, i ate and haur	and from the c	
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BP		SURIAL, CREMATION, REMOVAL SPECIFY) Burial	111111111111111111111111111111111111111	1985 - Ga:				23d LOCATION CITY OR TOWN Baltimo			ryland
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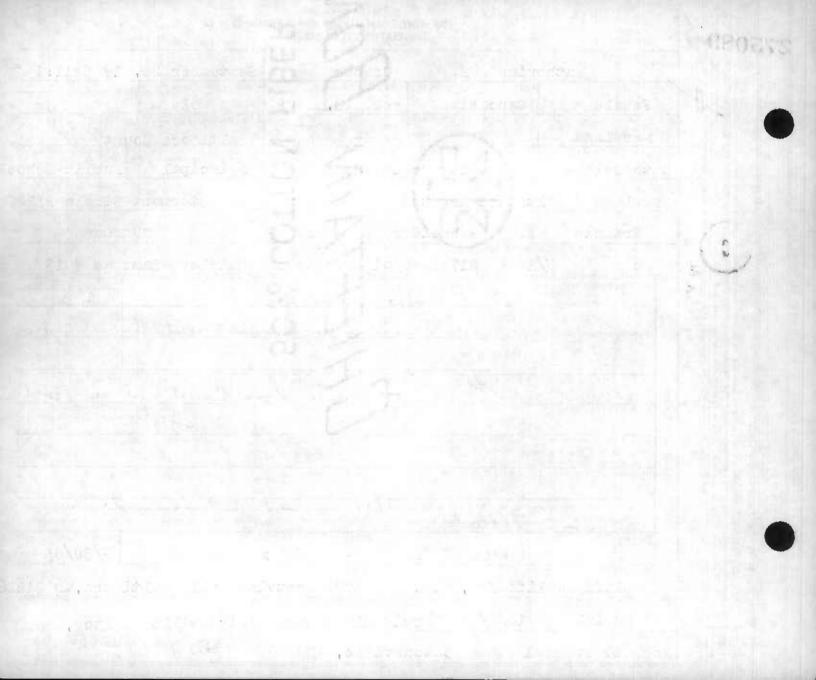
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	4 3 6 6					
	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR					
	(TYPE OR PRINT) Kathe	erine S.	Crabbs	September 2	8, 1985 11:15 PM					
	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
	Female	Caucasian	Feb. 13, 1903	82 yr						
	74 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH					
7	Maryland	USA	WIDOWED DIVORCED	Baltimore	County MD.					
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
2	Catonsville	Summit Nur	sing Home	Principal	Public School					
7	USUAL RESIDENCE (IF NURSING HOME OF 138. STATE 138. COU		I 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 989 Stormo	nt Circle 21227					
	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA							
-	Francis	E. Schneid	er Mary	MIDDLE	"Unknown"					
	160 WAS DECEASED EVER IN U.S. AF			ADDRESS						
	NO NO (IF YES GI	X A P OR DATES) 217-16-	8561 Mr. Raymon	d Quigley Sa	ame as # 13					
	18 CAUSE OF DEATH (Enter or	18. CAUSE OF DEATH (Enter only one couse per line tog (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:								
		TE CAUSE (0)	lia parlere		a Das.					
	A SECTION AND A SECTION ASSESSMENT	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if ony, which gove rise to immediate	(1b) aller	is ochiver Ca	idio Voscula	When Chroi					
	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF							
		conditions contributing to a	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 10					
L	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)					
-	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM						
1	00 000 000 000 000 00 000 000 000		AY YEAR							
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		COUNTY STATE					
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE F	ARM ETC) STREET	CITY OF TOWN	COUNTY STATE					
		ital) attended the deceased from	3/2/ 19/05	7 to 9/28	. 19 7 (, that (l) (we) lost					
	sow the deceased alive or	of view the body after death.	, and that in (my) (own) opinion	death occurred on the date and	hour and from the couses stated					
	226. SIGNATURE	Z	DEGREE		22t. DATE SIGNED					
	Cleri	Calley, J	M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9/30/85					
		OR PRINT)	22e ADDRESS							
	Cliff Ratl	iff Jr., M.D.	5772 Westv	iew Mall Ba	ltimore,MD 21228					
	230. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE					
	(SPECIFY) Burial	10/2/85 Dr	uid Ridge Cem.	Pikesville	Balto. MD					
	24 FUNERAL DIRECTOR	ADDRESS	250 PA	P 3 () 1085	GISTRAR SISIGNATORE DELLE					
	Mac Nahh Funer	al Home Cato	neville MD St	1 0 0 300 M						

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Items 18-22a 10/30/85 mtb F#608 STATE OF MARYLAND 7 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO 20 DATE KNOWN X DECEASED NAME MIDDLE (TYPE OR PRINT) ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
I W, PRESTON STREET, S. CREAMER MARK DEATH MATED 9 30 19 85 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 4:40 Am White Male 2 12 61 24 DEAD 19 85 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland DIVORCED Baltimore County WIDOWED PAGE 5 FILED, ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)

Laborer Reisterstown 20 Timbergrove Rd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13e STREET ADDRESS 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? Maryland 3516 Elm Avenue YES NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST AA IDDDLE Creamer Veronica Leo Souders 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) Veronica Turner 3516 Elm Avenue 21211 (unknown) No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? NER: THIS CO...
ICATE, WRITING THE WOOD
E FORWARDED TO THE CHIEF
TOR: PAGE 3 SHOULD BE USE
TOR: PAGE 3 SHOULD BE USE
TOR: PAGE 3 SHOULD BE USE
TOR: PAGE 1 SHOULD BE USE
TOR: YES X NO 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 9/30 House fire CONTRIBUTING CAUSE OF DEATH 1985 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WKITING PAGE 4 SHOULD BE FORWARDED PAGE 4 TO FUNERAL DIRECTOR: PAGE 3: AFTER BEATH, WITH THE STATE BE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) WHILE AT WORK Timbergrove Rd. Baltimore house Md. 220. I certify that I took charge of the remains described above, held an and in my apinion Suicide Homicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL 9-30-85 MD ASSISTANT MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRIN 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 231, NAME OF CEMETERY OR CREMATORY Maryland Baltimore Lorraine Park Cemetery 10/3/85 Burial 07/B4 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** A. Alan Seitz, Jr. 3818 Roland Ave. (VR A15 ME (5))

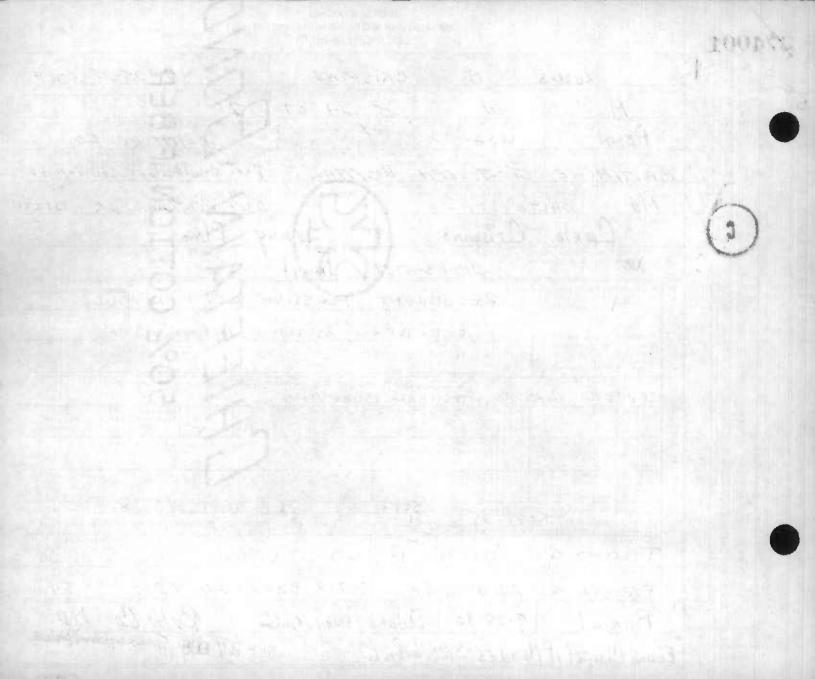
were among which is not

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 283067 REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 85 3 SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YE AR BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED | NEVER MARRIED | DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TER JUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 21117 15. MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED. 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [] 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 0 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AI WORK 220 I certify that (1) (this haspital) attended the deceased from, 9-28 .19. S.S., and that in (my) (our) opinion death occurred on the date and have and from the couses stated abave, (1) (we) (did/ (did nat) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED should be detact ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR | PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE DHMH-16 30M 2/80 (VRA 15, 4)

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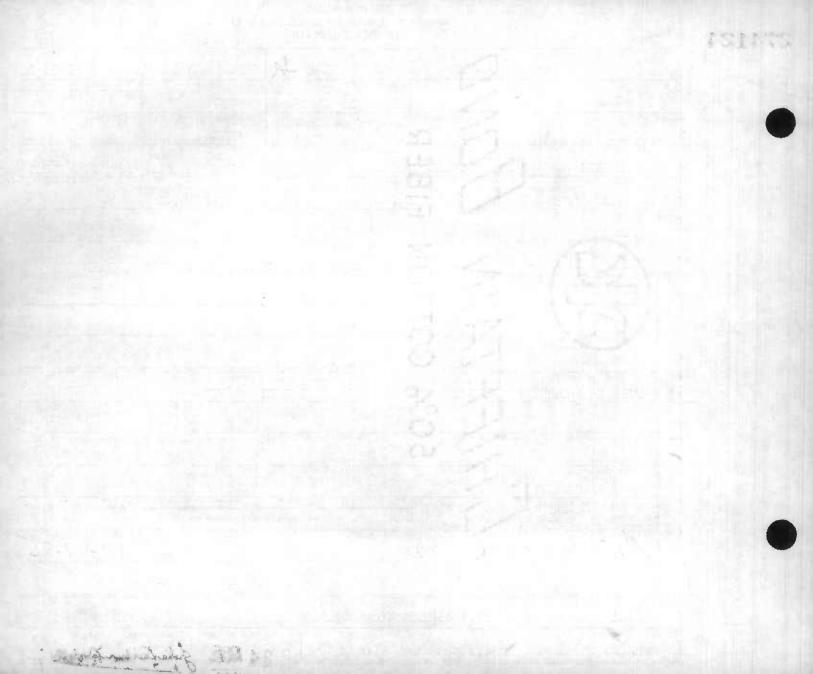
4001	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5	2437
page 3		CEASED NAME FIRST CORPRINT)	MIDDLE A	CRISPINO	20 DATE OF DEATH	
ige 4 mg	3 SE	M	4. RACE W	5. DATE OF BIRTH MONTH DAY YEAR 5 24 07	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
death. To		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE CITY OF	IMORE CO. MD.
ors offer of	B	ALTIMORE	ST. JOSEPH	HOSPITAL	ROOF CONT	
no 24 hou	130 5	Md BAI		YN 13d. INSIDE CITY LIMITS?		ZIP CODE ZAND DR - 2123
C C		THER'S NAME CARIO	MODILE CRISPIND LAST	15. MOTHER'S MAIDEN NA	14 EMMO	LAST
on on second sec		VAS DECEASED EVER IN U.S. AR	MED FORCES? (1) Social SECU (2 WAR OR DATES)		ADDRES	
g physici canpaper removal.		PART I. DEATH WAS CAUSE	nly one cause per line for 101, (b), an D BY: TE CAUSE (a) RECURR		E LEPT	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
not the death or by the attendin ase remaye carb , cremation, ar ather traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	BRAL ARTER	y INFA	rction
signed Then plee to burio	NO	1. 00 -0	4	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
ian. has been in permit. tene prior cows any	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
of CIAN 19 physic certificate rial-transfer Hyg		210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c. HOW INJURY OCCURE 19	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART I ORPART 2)
of the standard of the standar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F		CITY OR TOW	OUNTY STATE
ATTENDI Septial or ECTOR: A d for use t. of Heal m 21 is m		saw the deceased alive an abave, (1) (we) (did) (did no	tal) attended the deceased fram 19 11 view the bady after death.	and that in (my) (our) apinian (death accurred an the da	, 19 , that (I) (we) last te and have and from the causes stated
by the ho RAL DIRE detache state Dep		226 SIGNATURE TOUR 226 PHYSICIAN'S NAME (TYPE &	· Agrun	DEGREE ATTENDING PHYSICIAN DIVINING PHYSICIAN DIVINING PHYSICIAN	MEDICAL STAF	FAND 7-21-81
etoined by TO FUNERA should be deto		FAUSTO Q	- AGUINO JI	2 8713 HB		RD 21234
BP		URIAL CREMATION, REMOVAL SPECIAL URIAL DIRECTOR JURIAL DIRECTOR	9-28-85 13c	DUIDNEY VOILY MEN	E REC'D. BY REGISTRAP	a Ho Lour DAPATALE
HMH - 16 60M 7/84 (VRA 15, 4)	6	UDNS Chapelot	MENDELS 8800%	artoug)	EP 27 1985	sh REGISTEADOON down who make the



DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH 26 HOUR (-TYPE OR PRINT) **JEAN** ROYER CRONMILLER JR SEPTEMBER 18, 1985 9:38 PM 5. DATE OF BIRTH 3 SEX 4 RACE AGE LIN YEARS LAST BIRTHDAY MALE APRIL 17, 1928 WHITE BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED X CITY OR TOWN OF DEATH INAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 120 USUAL OCCUPATION
LIVE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MINERAL FORT HOWARD PAINTER & DISPATCHER V.A. MEDICAL CENTER 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN MARYLAND MNE ARUNDEL ANNAPOLIS JCT BOX 127/20701 15 MOTHER'S MAIDEN NAME FATHER'S NAME DWITT MIDDLE **JEAN** CRONMILLER VIRGINIA GRIMES ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) KOREAN 217 24 9683 CLINICAL RECORDS, VAMC, FORT HOWARD. APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO PULMONARY ARREST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF PROBABLY ACUTE MI Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause last OR PULMONARY EMBOLISM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 TYPE II DIABETES MELLITUS, HYPERTENSION, HISTORY OF DVT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a AUTOPSY? 20b. 1F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21h TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM ETC) NOT WHILE 22a. Lecrify that X (this haspital) attended the deceased from AUCUST 16 , 19_85 , to SEPTEMBER 18 19_85 , that X (we) low the deceased object on SEPTEMBER 18 19_85 , and that in (my) (our) opinion death occurred on the date and have and from the causes stated to the course of the course stated object of the course stated object of the course stated object of the course of the course stated object of the course of the to SEPTEMBER 18 19 85 , that X (we) last 27L SIQNATURE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIANT 22e ADDRESS WACLAW KAZIMIERCZAK, M.D. VAMC, FORT HOWARD, MD 21052 230 BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY 23b. DATE STATE BURIAL SEPT 21,1985 Linthicum Chapel Cem Clarksville, Md 24 FUNERAL DIRECTOR Donaldson Funeral Home, Laurel, Maryland

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygigne pria OR ATTENDING PHYSICIAN: The etained by the haspital

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23b DATE

9/23/85

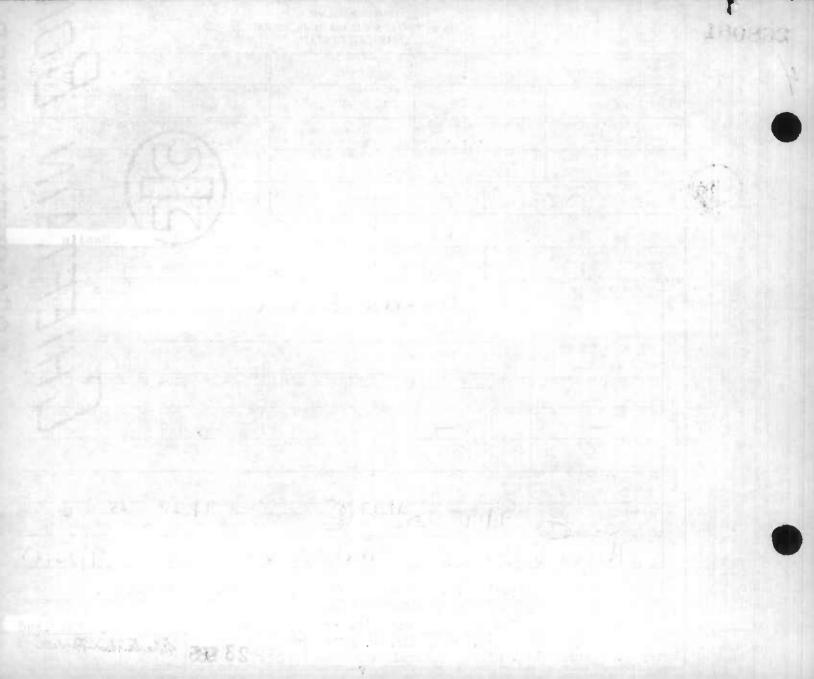
24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md. 21228 Leroy M. & Russell C. Witzke Funeral Home

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		,
		CEASED NAME FIRST		MIDDLE	i.	AST		MONTH DAY	YEAR	26 HOUR
		CATHE	RINE	T .	CRO	PSEY		9 20	1985	1204
	3 SEX	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Whit	:e	111 24 1904			YRS.	NIHS DAYS	HOURS MIN.
1	7a. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- Charles and	9 BALTIMORE CITY O	R COUNTY O	DEATH	
2		Maryland	U	.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	re Cour	ıty	MD.
6	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
V		Towson	Multi	Medical C	enter		Testing Pisto	on Rings	Koppe	rs
ď	1936.5	AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION			113d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		21208
Z,	Ma	ryland B	altimore	Pikesvil	lle	YES NO	9121 Field	Rd. P	ikesv:	ille, Md.
-	14 FA	ATHER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NAM		4847		
X	1	John	F.	Teves		Ophelia	MIDDLE		Hamle	n
1	16a V	VAS DECEASED EVER IN U.S		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	9121 Fi		
	()	(IF YE	S. GIVE WAR OR DATES)	212-09-8859 Magdalena E. Hammersla Pikesy						
-		18 CAUSE OF DEATH IEnt	er anly one couse per	line far (a), (b), and	dicit _	<u>^</u>			BETWEEN	ONSET AND DEATH
9		PART I. DEATH WAS CA	DIATE CAUSE (o)	00	4460	in Canco	À	7,100	14.	
r.			DUE TO O	r as a conseque	NCE OF					
S.		Conditions, if ony, which		K AS A CONSEQUE	NCE OF					
		gove rise to immediate	e)			100000		20 C	171	
		underlying cause lost		r as a conseque	NCE OF					
3		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								
ľ	Z		or contained of	5141KIBO1114O 100	EATT DOT	TO RELATED TO THE TERM	WAL DISEASE ON COINE	ALION GIVEN	III T PART TO	
-	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b IF YES, W	VERE FINDI	NGS USED
6	FIC	-		_			YES T NO X	IN CERTIFYIN	IG CAUSES	OF DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	G 7 216. TIME O	FINJURY		21c. HOW INJURY OCCURR	-		LORPART 21	140
1		OR CONTRIBUTING CAUSE C	DEATH		YEAR		(Enternance of major			
)	(IF EITHER NOTIFY MEDICALEXA)			19	21/ LOCATION				
	MEDICAL		21e PLACE (EET, FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
		WHILE NOT WHILE AT WORK			-					
		22a I certify that (I) (this I			71	19	, to	20 19.		that (we) last
3		sow the deceased ally above (1) (we) (did) (d	d not view the body	ofter death.	01	nd that in (my) (our) opinion o	death accurred on the do	te and hour or	nd from the	couses stated
		22b. SIGNATURE	0110	\		DEGREE			22c DATE	SIGNED
		turo	wy In-	5m 0		MY) ATTENDING PHYSICIAN	MEDICAL STAF		9	12010
		226 PHYSICIAN'S NAME (1	YPE OR PRINT)			22e ADDRESS				1
		Howard	Bond	M.D.		9618 Belai	r Road, Bal	timore.	Md.	

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

Lorraine Park Cemetery Woodlawn MD.
ville, Md. 21228
SEP 23 985



262037

FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	NE 8	REG. N	10.	2	4	
ECEASED NAME	FIRST	MIDDLE	LAST 2	DATE OF	DEATH	MONTH	DA	γ	YE

	FIRST MIDDLE	Į.A.	S1	REG. No.		EAR 2
(TYPE OR PRINT)	HARLES M	elvin C	ULLEN. Sr.		9 13 8	5
3. SEX	4. RACE	5 DATE OF	F BIRTH	6 AGE LIN YEARS LAST BIR		1 YEAR
Male	White	12	5 03	81	YRS MONINS	DAYS
70. BIRTHPLACE (STATE OF FOR		OUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		TH
Md.	U. S. A.	WIDOWEL		Baltimore	County	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		ROTHER INSTITUTION	120 USUAL OCCUPATE	ON 12b. K	IND OF
Balto.	/ Balto. Cour		Hospital	Retired Lit		
	HOME OR OTHER INSTITUTION GIVE RESID	DENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		
Md.	- Late (13) 1100 - 100 -	umbia	YES NO XX	5082 Whets	tone Rd.	#2
4 FATHER'S NAME	MIDDLE	1AST	15. MOTHER'S MAIDEN NA			LAST
William	F. Cu	ullen	Mary	Elizab		Nize
(YES NO OR UNKNOWN)	HE VES GIVE WAR OR DATES		17 INFORMANT 5082	Whetstone Whetstone	RdColum	bia,
No	215-	-09-7982	Charles Cull	len, Jr.	210	044
18 CAUSE OF DEATH	Enter only one cause per line for	ol, Undic			BET	PPROXIM
PART I. DEATH WAS	S CAUSED BY: AMEDIATE CAUSE (0).	Ineu n	conia			6
1/1						
10		ONISEQUENCE OF			17-2-5	
	DUE TO, OR AS A C	CONSEQUENCE OF			Les le	
Conditions, if any, v	DUE TO, OR AS A C					
Conditions, if ony, v	DUE TO, OR AS A C					
Conditions, if any, v gove rise to imme- couse (a), stating underlying couse	which diote the lost. DUE TO, OR AS A C	ONSEQUENCE OF	NOT RELATED TO THE TER/	winal disease or con:	DITION GIVEN IN PA	ART 110
Conditions, if only, v gove rise to imme- couse (o), storing underlying couse	DUE TO, OR AS A C	ONSEQUENCE OF	NOT RELATED TO THE TER/	winal disease or con	DITION GIVEN IN PA	ART No
Conditions, if only, v gove rise to imme- couse (o), storing underlying couse	DUE TO, OR AS A C obtained by the bost. DUE TO, OR AS A C obtained by the bost. Contributions Contributions	ONSEQUENCE OF		MINAL DISEASE OR CON	20b. IF YES, WERE F	FINDING
Conditions, if only, v gove rise to imme- couse (o), storing underlying couse	DUE TO, OR AS A C obtained by the bost. DUE TO, OR AS A C obtained by the bost. Contributions Contributions	ONSEQUENCE OF				FINDING
Conditions, if only, very gove rise to immercouse (a), storing underlying couse PART 2 OTHER SIGNIF 19a DATE OF OPERATIO 21a ACCIDENT WAS UNDER	DUE TO, OR AS A C which diote the lost. ICANT CONDITIONS CONTRIBU DIVING 216 TIME OF INJURY	CONSEQUENCE OF ITING TO DEATH BUT IN OR WHICH OPERATION		20a AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA	FINDING AUSES C
Conditions, if only, very gove rise to immediate to immediate the course th	DUE TO, OR AS A C which diote the DUE TO, OR AS A C lost. (c) ICANT CONDITIONS CONTRIBU IT IN CONDITION FOR CONTRIBUTION FO	ONSEQUENCE OF	I WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA	FINDING AUSES C
Conditions, if only, very gove rise to immediate to immediate the course th	DUE TO, OR AS A C which diote the lost. ICANT CONDITIONS CONTRIBU DN 196 CONDITION FO 216 TIME OF INJURY HOUR A.M. MC 216 PLACE OF INJURY	CONSEQUENCE OF UTING TO DEATH BUT N OR WHICH OPERATION Y ONTH DAY YEAR 19	I WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WERE FIN CERTIFYING CA YES TO THE TERM IS PART LORPA	FINDING AUSES C
Conditions, if any, or gove rise to immercouse (a), storing underlying couse PART 2 OTHER SIGNIF 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICAL	DUE TO, OR AS A C which diote the lost. ICANT CONDITIONS CONTRIBU DN 196 CONDITION FO LYING	CONSEQUENCE OF UTING TO DEATH BUT N OR WHICH OPERATION Y ONTH DAY YEAR 19	I WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA YES TO THE TERM IS PART LORPA	FINDING AUSES C
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urs afte		F Female	W Wh:	ite 62	DAY YEAR	86	YRS MONTHS DAYS HOURS
1648	m	RTHPLACE (STATE OR FOREIGN COUNTRY) SACHUSETT	The CITIZEN OF WHAT CO	MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY O	E COUNTY OF DEATH
138	jo ci	TOWSON	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET, ADDRESS)	OS PITAL	120 USUAL OCCUPATION	ON 12b. KIND OF BUSIN
35	13a S			OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	
1031		fichael	Cumm	ings	is. Mother's maiden na Margaret	WE	Murphy
Poges	16a V	VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, GI	WE WAR OR DATES	54-6338A	17 INFORMANT Sr. M. Angeli	ADDRE na Catina 64	ss N 01 N. Chas. St.
physicio in popers emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per line for 10 ED BY. TE CAUSE (0)	1, (b), and ic	ic now	x ~	APPROXIMATE INT
ed by the views removed, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO		old age	2	
signe hen p to bur njury.	N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 115
has been signal permit. The me prior to	TIFICATION	PART 2 OTHER SIGNIFICANT	196 CONDITION FOR			200 AUTOPSY?	20b. 1F YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE
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fricate has been significate has been significate by Hygiene prior to	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (15 ETHER, NOTHY MEDICAL EXAMINE 210, INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION WHICH DAY YEAR	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO
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DIRECTOR. After this certificate has been sit toched for use as the burial-transit permit. The Elbept of Health and Mental Hygiene prior to If them 21 is marked or hem 18 shows any inju	B.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (15 ETHER NOTHY MEDICAL EXAMINE 210. INJURY OCCURRED WHITE AT WORK AT WORK Sow the deceased olive or obove, (Y(we) (did) (3) 114	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	WHICH OPERATION ATH DAY YEAR 19 (OFFICE FARM ETC.) d from	21c HOW INJURY OCCUR 211 LOCATION STREET 19 6 d that in (10) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW CITY OR TO: to death occurred on the do	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE- YES NO YINITEM 18 PART I OR PART ?) VN COUNTY 19 1, that it te and hour and from the causes s 22c DATE SIGNED
has been signal permit. The me prior to	MEDICAL	190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (this hasp saw the decedsed alive or above, (M'(we) (did) (324)46 22b. SIGNATURE 22d. PHYSICIAN NAME 22d. PHYSICIAN NAME	21b. TIME OF INJURY HOUR A.M. MON P.M. 21c. PLACE OF INJURY (AT HOME STREET FACTOR) (AT HOME STREET FA	WHICH OPERATION WHICH OPERATION IT DAY YEAR 19 Y. OFFICE FARM ETC.) AS M. D.	21c HOW INJURY OCCUR 211 LOCATION STREET 21 (Gur) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NOT	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO YINITEM 18 PART LORPART 2) VIN COUNTY 19 5 , thory II) te ond hour and from the causes s

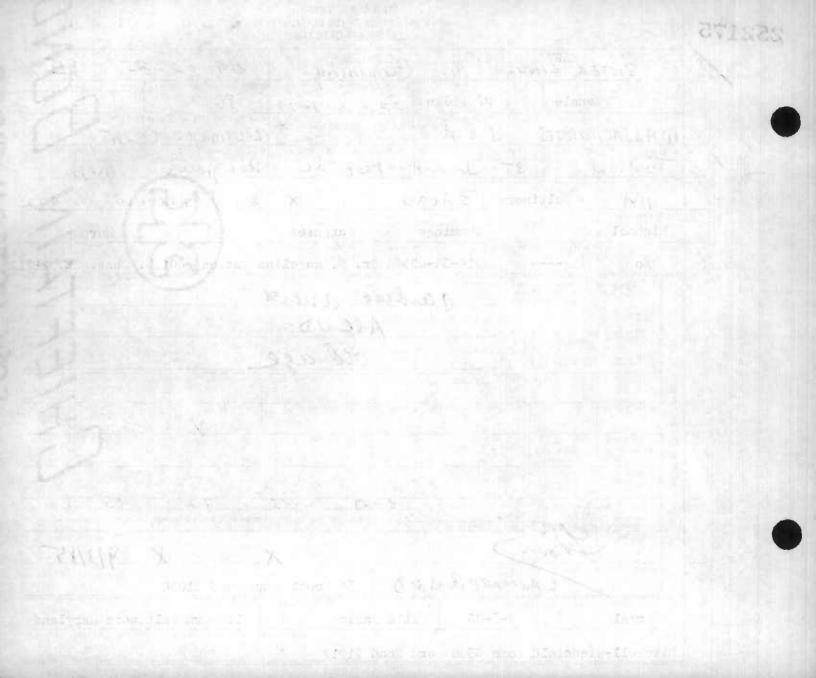
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH MONTH DAY YEAR

FOR STATE

REGISTRAR



NO	216 46 9824	Mrs. I. Marshall But	er, Jr., Sam
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	ane cause per line larial, (b), and ic. BY. CAUSE (o) Multiple	Strokes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if any, which	DUE TO, OR ASA CONSEQUENCE OF		SAME
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	bludus.	30D14

90 DATE OF OPERATION	. 19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STAT

abave (1) (we) (did (did not) view the bady after death

221. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

9/16/85

23a BURIAL, CREMATION, REMOVAL

21212

9/16/85 Druid Ridge Burial 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto., MD

Pikesville,

26 HOUR

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS,

IMPORTANT: should be with the 3

(SPECIFY)

351335 The Property of the Party of th TO STATE OF THE ST Homan dean Cwa Home Eithe, Targette, No. 216 46 8824 Mrs. T. Marchall mager, Vr., Land BENEFAS H 5) Hanny W. Jenetra & Sons Co. 4000 York Found Balto., NED 21612

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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26 HOUR 12:05a м

12b. KIND OF BUSINESS OR INDUSTRY

Rd. 21220 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

STATE

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IF UNDER 24 HRS

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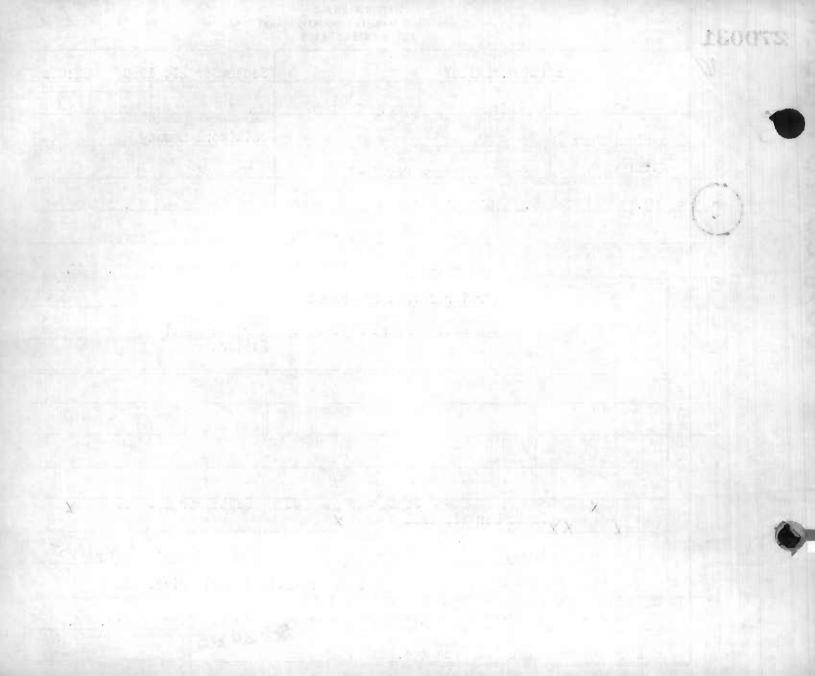
TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heal IMPORTANT If Hem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

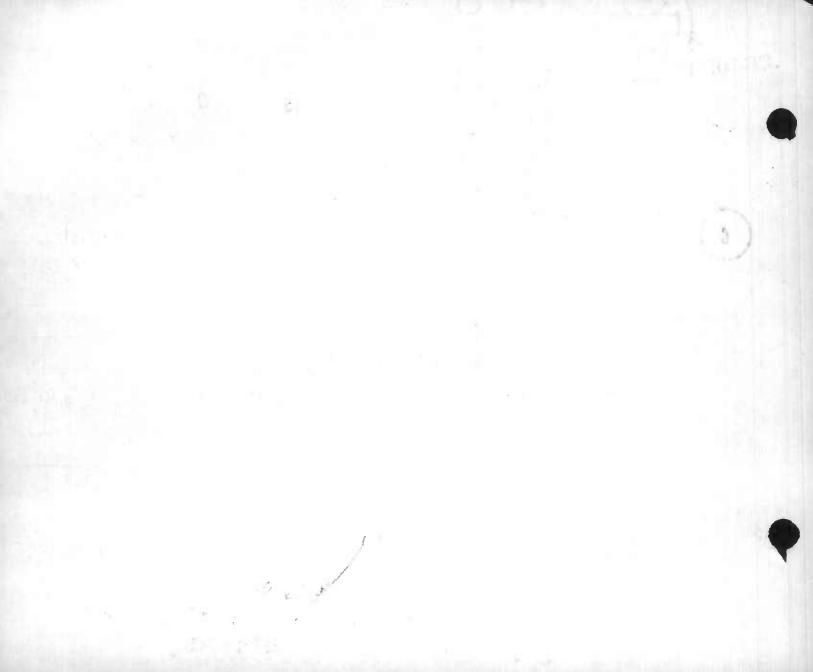
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	CEASED NAME	FIRST	^	AIDDLE		AST		20. DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
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	emoine Io	wa	U	SA	WIDOWE		ORCED	Baltin	nore	Coun	ity	
10 CI	ITY OR TOWN OF DEA				URSING HOME (OR OTHER INST	ITUTION	120 USUAL O				OF BUSINESS
R	cossville				are Host	oital			sewif		, incostat	
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	WAS DECEASED EVER			16b SOCIAL	SECURITY NO.	17 INFORMA			ADDRE	55		
- 1	YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	219-2	0-9307	Pauli	ne Thom	as 7214	4 Gre	enba	nk Rd.	21220
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		MARCHAIL		2 A5 A CONG	FOUENICEOF							
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	gove rise to imm	nediate)					Failur				11-
	underlying cause		DUE 10, 01	(AS A CONS	SEQUENCE OF							
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O												
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TIFIC			let ve					YES	KON		TIFYING CAUSES YES	NO
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND		216. TIME O			21c HOW IN	JURY OCCURR			RY IN ITEM 1	8 PART 1 OR PART 2)	
A	OR CONTRIBUTING C		HOUR A.		DAY YEAR	10000						
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X	WHILE NOT WH	ILE 🗌	(AT HOME STR	EET, FACTORY, O	FFICE, FARM, ETC)	SIRFEI			CITTORTO	WIN	COONT	SIAI
	22a I certify that) attended the	e deceased f	rom Septe	mber 6	19 85	Sep1	tembe	r 21	19 85	that (we)
	saw the decease above, W (we) (d	d alive on S	eptemb	er 21,	191985	nd that in (M)	(our) opinion o	death occurred	on the do	ate and h	our and from the	causes states
	22h. SIGNATURE	10 (00 11 11)	new the body	arrer dearn		DEGREE						SIGNED
	Canth	ia You	vers		M.D		TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI		9/7	1/85
	224 PHYSICIAN'S NA					22e ADDRES		JUNECTORE		.,,,,,	176	.11.
	Cynthu	a Pon	IERS			9000	Frankl	in Squa	are D	rive	, 21237	
	BURIAL, CREMATION,	REMOVAL	23b. DATE	340	23c NAME OF C	EMETERY OR C	REMATORY	23d. LOCA				
	(SPECIFY) Buria	1	9/23	/85	Holly F	Hill Cer	neterx	Midd	le Ri	ver	Batto.	Md.
24 FU	UNERAL DIRECTOR		7/20	and no			250				ISTRAR'S SIGNA	
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Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

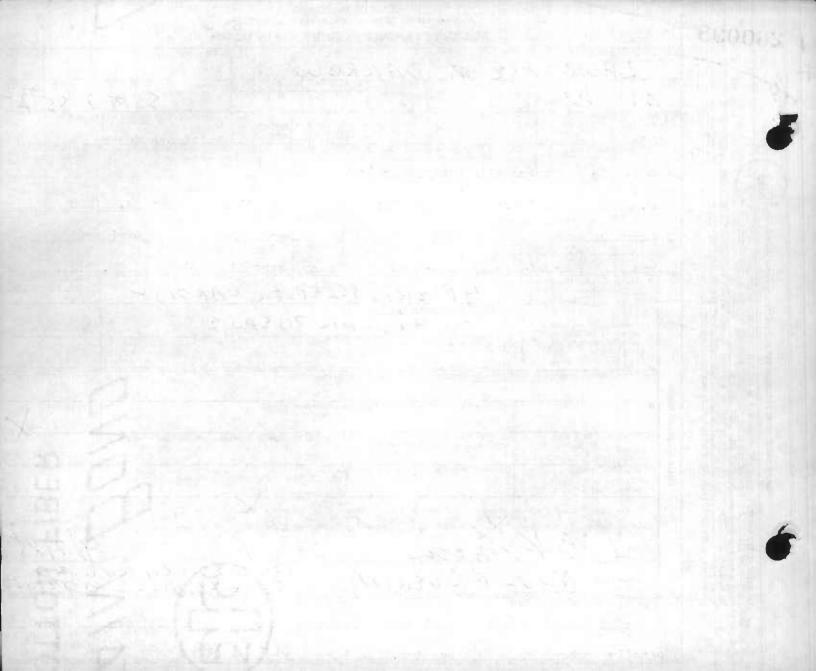


2	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 2	4 3 1	7 3
264054		CEASED NAME FIRST ROSA	WIDDIE	Danje/s	28 DATE OF DEATH MONTH	14/85 2b.	HOUR
ge 4 moy	3 SE	Female	12 GUK	5. DATE OF BIRTH MONTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	MONTHS DAYS HO	UNDER 24 HRS OURS MIN.
deoth. Po		S.C.	US A	MARRIED NEVER MARRIED	Baltimore City or Coun	County	MD.
o offer of	PE	altimore County	Balto. County	Gen. Kuspital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retred	12b. KIND OF 81	USINESS OR
filled to	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13), COUN	TY 13c CITY OR	TOWN 138. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	Ridge C+	21238
d complete	1	ubhn	AIDDLE Gaa	list LOWISE	AME MIDDLE ADDRESS	Gadis	+
		NAS DECEASED EVER IN U.S. ARA YES, NO DRUNKNOWN) (IF YES, GIVE	WAR OR DATES) 250-1	3-1469 Rosa Koo	once. 41 K	imball R	ide
g physica on poper removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATION	y one couse per line for (o), (b) BY: E CAUSE (o)	NTRICHIAR +	FIBRIL LATI	RETWEEN ONS	TE INTERVAL ET AND DEATH
by the death ce		Conditions, if ony, which	DUE TO, OR AS A CONS	EQUENCE OF			
that the d by the lease rem tol, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, ORAS A CONS	a Jailuse			
requires an signed Then plus injury, o	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	D. M. CELL	MINAL DISEASE OR CONDITION C	F LEC	AT. EIE
ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratefulling physicion. The this certificate has been signed by the ottending physicio and complete filled in be as the buriol-transit permit. Then please remove carbon papers. Partitional transitions prior to buriol, cremation, or removal. The angle of the property of the present of the property of the prope	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	YES NO		
SICIAN: The ng physicion of certificate hundi-tronsit grantol Hygies (tern 18 shown lifem 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I ORPART 2)	
OING PHYS	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME_STREET FACTORY, OF	FFICE, FARM, ETC.) 21E LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTEND or TOR: A for use of Heal		22a.l certify that (I) (this hospit saw the deceased alive on			to death occurred on the date and h		t (It (we) fost
0 " 0 7 0 =		Herfeet A	, Good		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	+ 185-
TO HOSPITAL OF a retoined by the host TO FUNERAL DIREC should be detoched in with the Store Dept.		HAFEET	A SYED	m·1) BALTIMOR	E COUNTY F	EN. 191	28P_
BP	1	BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	23b. DATE 9/19/85	23 NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	23d LOCATION CITYOR TOWN Arbutus, md.	COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	where birector Wm C March F/H, I	nc. West 4300	Wabash Ave.	EP 18 985	STRAR'S AGNATIVE	Ery Kallika



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 24 FOR 260098 - STATE REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN LYMPIC CHI PRINT OF ESTI-DEATH MATED 19 IF LINDER 24 HRS 2c. DATE VEAD LAST BIRTHDAY) PRONOUNCED DEAD 16 9. BALTIMORE CITY OR COUNTY OF DEATH * BIRTHPLACE MARRIED NEVER MARRIED DREIGN COUNTRY) WIDOWED DIVORCED Baltimore County Ohio 176 KIND OF BUSINESS OWN OF DEATH HOSPITAL NURSING HOME, OR OTHER INSTITUTION CUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital NURSING HOME OF C 1136 COUNTY 13c CITY OR TOWN T38. INSIDE CITY LIMITS? 13e. STREET ADDRESS Middle River B Glenwood Rd. 21220 Md. Raltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Davidson Esther Laurence Darrow 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES) Pansy Darrow 14 B Glenwood Rd. 21220 214-38-8344 Mar 64-Feb 67 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY SCLERSTK CARDIO IMMEDIATE CAUSE (o VASCULAR PISEAS & Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took a harge of the remains described above, held on Autopsy Inspection and in my opinion Suicide Hamicide Undetermined manner death resulted from LIESTERH RUN RI EXAMINER'S NAME 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Oak Lawn Cemetery BP 9/11/85 Raltimore

1250. DATE REC'D. BY REGISTRAR 1250. REGISTRAR'S SIGNATURE Md Burial
24 FUNERAL DIRECTOR **DHMH - 17** ruha Davidson-Handelle (VR A15 ME (5)) Connelly Funeral Home 300 Mace Ave. 21221 20M 4/82



CHOAR	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE 8	S REG. NO.	2.	4 0	8 0
67016		ASED NAME	FIRST		WIDDLE		AST	2a. DATE		IONTH D	DAY YEAR	26. HOUR
page 3	(TYPE O	R PRINT)	Gertru	ıd	M.	Da	vid	1	Sept.	10.	1985	4:30 AM
0 0	3. SEX		0.02.02.0	4 RACE		5. DATE	OF BIRTH	6. AGE	IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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2/1/		HPLACE (STATE C	OR FOREIGN		F WHAT COUNTRY	8.	D NEVER MARRIED	9. BALTIA	AORE CITY OR		OF DEATH	
10/	_	rmany		U.S	5.A.	WIDOW			Balti	more	County	MD
1311		OR TOWN OF D	EATH	11. NAME OF		NG HOME	OR OTHER INSTITUTION		AL OCCUPATIO	N	126. KIND O	F BUSINESS OR
78/	Pi	kesville			rd Manor		g Home		stress	WORKING LIFE	Cloth	ing
and bloom	13a. ST	RESIDENCE (IF N. ATE ryland	136. COU		13c. CITY OR TOV Pikesvi	VN	13d. INSIDE CITY LIMITS?	13e.STREE 4001	T ADDRESS / :	ZIP CODE	Apt.	21215 409
197	14. FAT	HER'S NAME FIRST	Kou	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	How,	WIDDLE		LAS	ı
Poges medico		AS DECEASED EVE S, NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)			17. INFORMANT Rose F. Wach		7920 PM	-		Ave. 236
		8 CAUSE OF DEA	TH (Enter or	nly one cause p	er line for (a), (b), a	nd (c).)					BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PARTI. DEATH		TE CAUSE (o)_	Cardia	C TR	KT SI					
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rgiene prior shaws ony ii	CERTIFICATION	DATE OF OPER				_	N WAS PERFORMED	20a AL	JTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
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AL DIREC detoched ote Dept. IT: If hem		26. SIGNATURE	Fepre!	mull	and	肠	DEGREE ATTENDING PHYSICIAN (MEDICA	AL STAFF	AN 🗌	22c. DATE	SIGNED
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D		RIAL, CREMATION					EMETERY OR CREMATORY		CATION ITY OR TOWN	TO B	COUNTY	STATE
-	24 (24)	Buri	al	Sept.	11, 1985	Drui	Ridge Cem.	Pi	kesvill	e Ba	ltimor	e Md.
16 50M 4/83 A 15, 4)	PX	HERAL DIRECTOR.	Uhri	all	ADDRESS		al Chapel 250 DA		- // -	David	RAR'S SIGNAT	URE

STATE OF MARYLAND

270065

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO).		
	CEASED NAME FIRST	WIDDLE	LAST		10.01.12.01.02.11.11	MONTH DAY Y	EAR 2t	HOUR
		ENCE T. T		+~	لرد و	. 51/8:		10; W
3. SE		1. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRT			FUNDER 24 HRS
	Male	Caucasian	3 26	01	84	YRS.		
	COUNTRY	6 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MA	RRIED -	9 BALTIMORE CITY OF			
	Maryland	U.S.A.		RCED		ore Cour		MD.
1		1. NAME OF HOSPITAL, NURSIN	ADDRESS)		120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	STRY	BUSINESS OR
	andallstown	Baltimore Co		Hosp.	Sales	Lj	.nco	ln Sal
13a.	state 136 coun Maryland Balt	TY 13c. CITY OR TOW	N 138. INSIDE CITY		13e STREET ADDRESS /		20.5	01000
-	ATHER'S NAME	THIOLE	YES N	AIDEN NAM	3431 Fla	InterA Ps	ne	21207
h	Joseph	T. Deckman	FIR		WIDDLE	Tow	LAST	
16a \	WAS DECEASED EVER IN U.S. ARA				ADDRE	Jan	ies	
	YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-2280 Anna 1		an Samo a	c #13		
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line for (a), (b), and BY.	d (c) i	The e			PPROXIMA WEEN ONS	TE INTERVAL SET AND DEATH
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)						
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO L	DEATH BUT NOT RELATED TO	THE TERM	inal disease or cond	ITION GIVEN IN PA	RT 1(a	
CERTIFICATION	190 DATE OF OPERATION 9-16-85	19b. CONDITION FOR WHICH	OPERATION WAS PERFORM		200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	USES OF	
EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	AY YEAR 19	RY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	.RT 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F			CITY OR TOV			STATE
	220.1 certify that (1) (this haspite	all attended the deceased fram	20,1.6,	19 85	to Sold and the de	21, 19 8	tho	at (1) (we) last

POURMOTABBED

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

, M.D.

ATTENDING MEDICAL STAFF .

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

FOR

Cremation
24 FUNERAL DIRECTOR

abave, (1) (we) (did) (did not) view the bady after death

236 DATE

Security Process

23d LOCATION

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FUNERAL DIRECTOR Catonsville Cremation Society of Maryland Inc. Md.

PSS Baltimore MC

250 DATE REC'D. BY REGISTRAN 139: REGISTRAN'S SIGNATURE

SEP 25 1985 Julia Jul

COUNTY

C. T. L. S.

BP_____ DHMH - 16 60M 7/84

14 FUNERAL DIRECTOR
(VRA 15, 4)

74 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Burial

Sep 18 1985

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

Baltimore

Maryland Maryland

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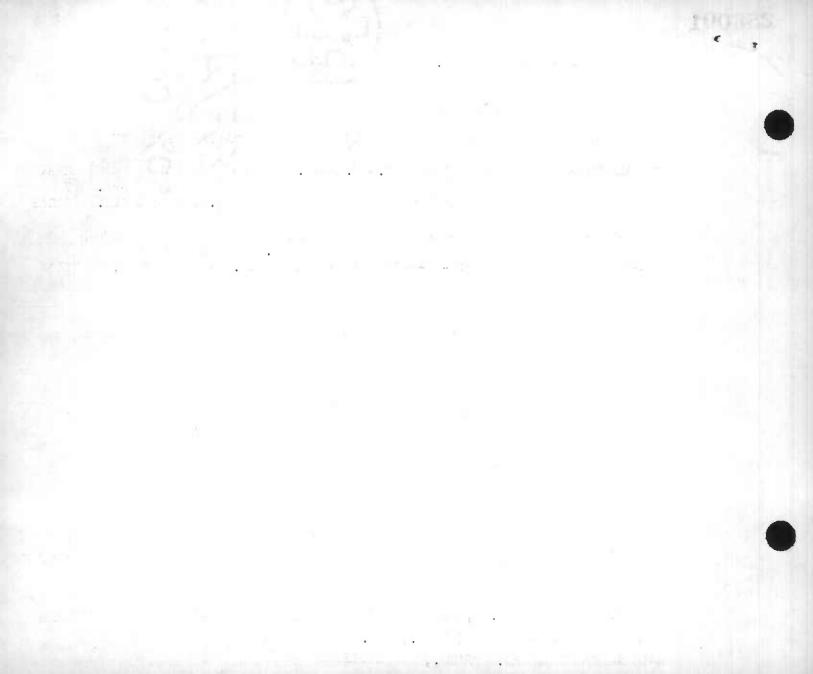
250 DATE REC'D. BY REGISTRAR 251 REGISTRAR SIGNATION

23d LOCATION

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Le des	3 SEX	Berno	4 RACE	-	5. DATE C		6. AGE	(IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
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oth. Po	COUN	PLACE (STATE OR FOREIGN TRY) ARYLAND	US	WHAT COUNTRY	MARRIE	NEVER MARRIED		MORE CITY O			
y the fun d withm	JA CITY O	DALLSTOWN	11. NAME OF		NG HOME C	OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF				12b. KIND INDUSTRY	OF BUSINESS OR AMERICAN
Jilled in b	USUAL RE	SIDENCE (IF NURSING HOME OF LIGHT COL			RE ADMISSION)	13d: INSIDE CITY LIMIT YES KI NO [S? I 13e STRE	ET ADDRESS W BELV	/ 7IP CODE	APT.	807 #21215
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e execute	(YES, N	DECEASED EVER IN U.S. A		166 SOCIAL SEC		17 INFORMANT N	IR. SEY		AMOND)	
icote be e hysicion o popers. Po ovol.		CAUSE OF DEATH (Enter of		212-07-		3919 CHAFF	FEY RD.	RANDA	LLSTO		21133
ow requires that the death been signed by the ortendi mit. Then please remove co prior to buriol, cremotion, o	PAI	onditions, if ony, which over rise to immediate use (a), stating the derlying cause lost. RT 2 OTHER SIGNIFICANT	DUE TO, O	OR AS A CONSEQUENCE OF CONTRIBUTING TO	JENCE OF DEATH BUT	NOT RELATED TO THE	TERMINAL DIS		20b. IF YE:		INGS USED
V: The I ysscion.	ER TIP	ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OC	YES [_	YE	s 🗌	NO 🗌
SICIAN: T ng physici certificate viriol-transi tem 18 sh		CONTRIBUTING CAUSE OF DE	EATH HOUR A	.M. MONTH [DAY YEAR		(2111)				
OING PHYS or ottendin After this ce os the burn oith and Me	9	INJURY OCCURRED HILE NOT WHITE AT WORK		OF INJURY REET, FACTORY OFFICE	FARM ETC }	ZII LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TTEN TOR: for us of He		I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n	n	19	, or	d that in (my) (our) api	nion death occ	urred on the de		ond from the	
TO HOSPITAL OR A seroined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.	22d.	PHYSICIAN'S NAME (TYPE		cess	4.0	ATTENDIN PHYSICIA 220 ADDRESS	NG MEDIC	AL STAI		9 9	2/85
Of Shoots	23a BURIA	AL, CREMATION, REMOVA	L 23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATO	ORY 23d L	DCATION B'ALTIMO	G-A	COUNTYMA	RY LAND'E
BP DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FUNER		LEVINSO	N & BROS	., INC	250.	DATE REC'D.		25h REGIST	RAR'S SIGNA	



	1	DED 4 D.T.	STATE OF MARYL		d9s di	(A)
2/24107	1 - STATE		MENT OF HEALTH AND		2 9	5 5 3
ALO!	REGISTRAR 1. DECEASED NAME	FIRST MIDDLE	LAST		REG. NO.	DAY YEAR 12h HOLL
TOR.	(TYPE OR PRINT)			OF		DAY YEAR 76. HOU
HOURS STREET,	MARG 3 SEX 4 RACE	S DATE OF BIRTH	DICKMAN 6. AGE (IN YEARS) IF UNDER 1 YE		- Coper	74 1985 150 TO
ST	FEMALE	MONTH DAY YEAR	LAST BIRTHDAY) MONTHS DAYS		UNICED /	2 (0 122
0	FEMALE WH	TE 02 16 1888	TRV2 8	9 BAIT	IMON CITY OR COUN	TY OF DEATH
34	22170 m	11154	MARRIED I	INEVER MARKIED	BAITA C	(*)
1	EITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUI	RSING HOME, OR OTHER INSTI	DIVORCED 120. USUAL OCC	UPATION ITYPE OF WORK	12b. KIND OF BUSINESS
3	BALTIMORE	ST JOSEF	PH HOSPITAL	HOUSE	WIFE	OR INDUSTRY
33	JAL RESIDENCE IF IN NURSING	HOME OF CITHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) AB TOWN 195 - 13d. INSID	DE CITY LIMITS? 134 STREET ADD	DESS A C A	21221
-	M FATHER'S NAME	MUS. 411 1/1.	TUV-UI/ YES		00000000	40
10	PATICICK	MIDDLE	13. MOI	THER'S MAIDEN NAME	MIDDLE	SNEE
z n	160 WAS DECEASED EVER IN L	J.S. ARMED FORCES? 16b. SOC		DRMANT	ADDRESS	2
1	(YES, NO, OR UNIA DWN)	(ES, GIVE WAR OR DATES)	48-3957-52	FAMILY	RECORD	25
	18 CAUSE OF DEATH (E	nter anly one cause per line (a), (b)	, and (c).)	1		APPROXIMATE INTERVAL.
1	PART I DEATH WAS	MEDIATE CAUSE (a)	udeac	Arres	1	Juddon
REMOV	0000	DUE TO, OR AS A CON	SEQUENCE OF	0-1 11	1	
N, OR RE	Canditians, if any, gave rise to imm	nediate (b)	cluyed	KT Hef	3	12 Days
	cause (a) stating the lying cause last.	under- DUE TO, OR AS A CON	SEQUENCE OF	1 n- K	\	the!
2	BARY O GYDER CICKERSON CO.	(c) 681	necelype	1 HSEV	0	5-10
Z, CKEWS		IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED 1D THE TERMINAL DISEASOR CONDI	FIDN GIVEN IN PART 1 (g).		0
1	190. DATE OF OPERATIO	N, 19b. CONDITION FOR V	WHICH OPERATION WAS PERF	ORMED?		20 AUTOPSY?
1	190. DATE OF OPERATION 9/13/210 EXTERNAL CAUSE V	85 Fracti	red Rt N	lib		YES NO NO
3		YAS 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJU	IRY OCCURRED LENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PA	ART 2)
2	UNDERLYING OR CONTRIBUTING DEAU	SE OF DEATH PASSELT	121,85 F	50 11 in	Lan	Tribbed oues
-	CONTRIBUTING DEAU 21d INJURY OCCURRED WHILE NOT WH	21e PLACE OF INJURY STREET, FACTORY, FAM, ET	(AT HOME, 21f LOCATION STREET	CITY OR	IOWN	DUNTY SATE
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9,6	22a. I certify that I taa	k charge of the remains described above	ve, held an_ Autapsy .	Inspection 4. Inqui	ry , and in my a	pinian 2/12/1
13	death resulted fram:	Natural causes Accident	Suicide , Har	micide . Undetermined		
A A	6	1		(SPECKY)	1.54	0/
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37	EXAMINER'S NAME		" "	/ /		11 1100
BACTIMORE, MARKE	EXAMINER'S NAME (TYPE OR PRINT)		ADDRESS			
añ .	236. BURIAL, CREMATION, REMO	OVAL 236 DATE 236 N	AME OF CEMETERY OR CREMA	ATORY 23d. LOCATION	a City cou	INTY SATE
_	19UKIHL	DC1/12/1982 /VE	W (H/HEI) YAL	CEIII BALLO	.4117	MO.
(5))	FUNERAL DIRECTOR	EI DE MPERMAN	8 (00 HARTORU) ic	250. DATE REC'D. BY REGIST	1 19 1	SIGNATURE
)	אחוזט כיוודוטט	I OF MEMORE) PARKVILLE	SEP 2 7 198	0 8	

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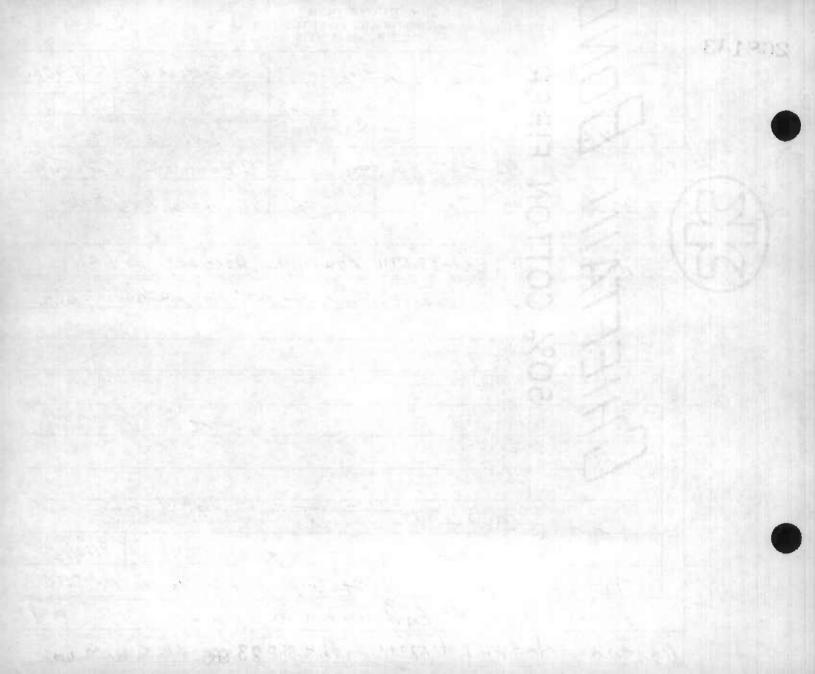
)98		FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 9/10/85 6 AGE (IN YEARS LAST BIR (HDAY) IF UNDER YEAR IF UNDER 23 H				
10		CEASED NAME FIRST OR PRINT) SERAL X	dine 1	4 - Pobc	Zy Kou	F BIRTH					
s o		Female	CAUCE		MONTH	1 6 43	42		HOURS		
15		IRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSY VANIA ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	MARRIEI WIDOWE	PROTHER INSTITUTION	BAltimore County			F BUSINES	
30	13a. S	AL RESIDENCE (IF NURSING FOM STATE N36 CC Maryland	E OR OTHER INSTITUTION	OTHER INSTITUTION GIVE RESIDENCE BEFORE AL		136 INSIDE CITY LIMITS? YES ** NO []	13e.STREET ADDRESS / ZIP CODE 5117 Pembroke A				
300	14. F/	ATHER'S NAME FIRST Ethan	MIDDLE	Johnson	2	15 MOTHER'S MAIDEN NA FIRST Sophie	MIDDLE		lowski	i	
12		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (1F YES	ARMED FORCES? GIVE WAR OR DATES)	168-34-		17 INFORMANT Mr Walter S	Dobrzykows)	SS	Same	As 1	
mit. Then please re prior to buriol, cren any injury, ar ather	CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c) NT CONDITIONS <u>C</u>		TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN		126	
Hygiene p		21a ACCIDENT WAS UNDERLYING	21b. TIME (OF INJURY		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN	G CAUSES		
the burial-fra and Mental the	MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(INER) PLACE	OF INJURY TREET, FACTORY, OFFI	DAY YEAR 19 CE. FARM ETC)	211 LOCATION STREET	CITY OR TO		COUNTY	ST	
for use as of Health 121 is mar		22a I certify that Uh (this has saw the deceased alive above, (I) (we) (did) (did)	an	9/10/19	0	od that in (my) (aur) apinion	death accurred on the do			that etc (we causes stat	
detached for detached for Dept. o		226 PHYSICIAN'S NAME (TO	Faul	Kal	mi		MEDICAL STAF		9/1	O/8	
should be det with the State IMPORTANT:		Kendall R	. Faulkne			2300 Dulane	lla Maris Ho ey Valley Rd	-	on, MD	2120	
vi 2 <u>2</u> 0		BURIAL, CREMATION, REMOVI Burial	7AL 23b. DATE 9/13/	85	236. NAME OF CEMETERY OR CREMATORY HOLY Redeemer 236. LOCATION CITY OF TOWN Baltimore Mary 1 250. Date REC D. By REGISTRAR 256. REGISTRAR 3					STA.	
	24 F	UNERAL DIRECTOR		ADDRES		25a. DA	TE REC'D. BY REGISTRAR	256. REGISTRA	S SIGNATI	JRE	

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH 268143 REGISTRAR REG. NO. 20. DATE OF DEATH 1 DECEASED NAME MIDDLE 2b. HOUR LIYPE OR PRINTS 6. AGE (IN YEARS UST BIRTHDAY) IF LINDER 1 YEAR DATE OF BIRTH 3. SEX 4. RACE male 02 To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED ounl CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR OWSon UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Inginia 4 FATHER'S NAME FIRST MIDDLE LAST MIDDLE FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT I (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per line for (b) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 NO CERTIFICAT 19a DATE OF OPERATION 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO | 210 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from saw the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (well (did not) view the body ofter death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTAN 22d PHYSICIAN'S NAME should be 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY

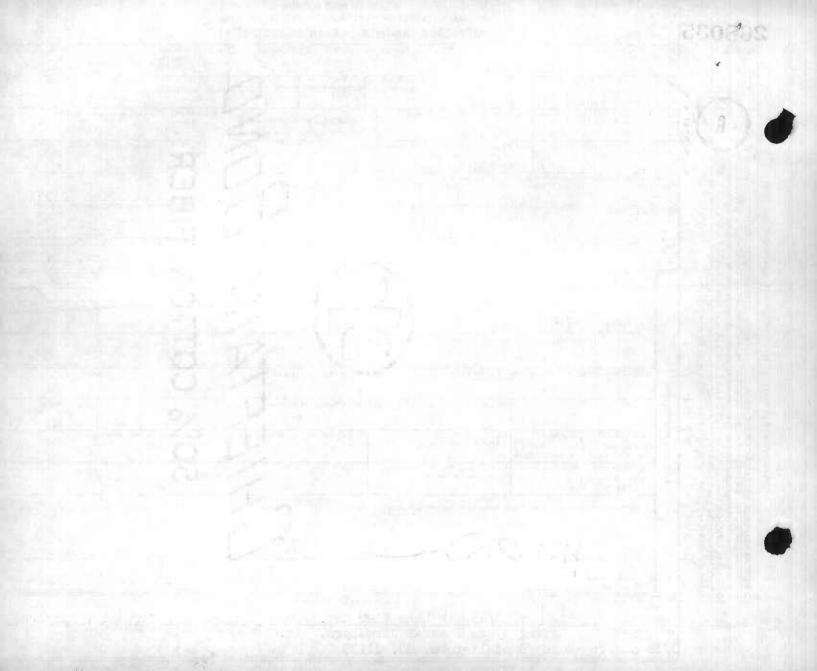
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME a. DATE KNOWN XI LIVEE OF PRINTS ESTI-19 85 EARL. Wayne DODSON , Jr. DEATH MATED 18 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. DATE 2d HOUR PRONOUNCED 10;56 July 5, 1985 19 85 Male White DEAD 18 TE CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. WIDOWED [DIVORCED Baltimore County 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY ssex Franklin Square Hospital (DOA) Infant 134 INSIDE CITY LIMITS? 113e STREET ADDRESS 1965 Sue Creek Drive Maryland Baltimore Essex FATHER'S NAME 15. MOTHER'S MAIDEN NAME Earl Wayne Dodson, Sr. Linda Gmurek 17. INFORMANMY. and Mrs. Bankiss Wayne Dodson, Sr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1965 Sue Creek Drive Baltimore, MD. 2122 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. INER: THIS CLASSIFIED THE WASHER MEE
FORWARDED TO THE CHIEF MEE
TION: PAGE 3 SHOULD BE USED AS
TION: PAGE 3 SHOULD BE USED AS
THE STATE DEPARTMENT OF HEAL
THE ST 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. TO FUNERAL DIRECTOR: P. THE STARTER DEATH THE STARTINORE. MARYLAND. 2 22a. I certify that I took charge of the remains described above, held on and in my apinion Natural causes X death resulted from Hamicide L Undetermined manner TITLE (SPECIFY) 9-19-85 Assistant MEDICAL EXAMINER Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 9/20/85 Burial Lake View Mem. Park Sykesville, Carroll, Maryland 07/84 Loring Byers Funeral Directors, Inte Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** SEP 23 1985 8728 Liberty Road Randallstown, MD. 21133 (VR A15 ME (5))

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* 64	1,,		CE ASED NAME	FIRST Mack	1	MIDDLE	Dods	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
y peg		3, 58	X		RACE	L·	5. DATE			6 AGE (IN YEARS LAST B	IRTHDAY)	41/85 EAR	# UND : 105
ge 4 ector			male	4	black		12	23	1915	-	69 YRS	ONTHS DAYS	HOURS MIN.
4 4 4	3		RTHPLACE (STATE OR I	-	U S A	WHAT COUN	TRY? 8 MARRIE WIDOW	_	MARRIED D	BALTIMORE CITY			MD
(0	T.	30	TOWSON	ATH 11	I. NAME OF	670I N	URSING HOME (STREET ADDRESS) CHARLES	ST	NOITUTITE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Unemp			BUSINESS OR
7 1	34	13a.	AL RESIDENCE (IF NURS	13b COUNTY		GIVE RESIDENCE 130. CHTY OR Balti		136. INSIDE	CITY LIMITS?	13e STREET ADDRESS 7003 Lac	/ ZIP CODE hlan Ci	ircl 2	1239
dthin	12	7/	ATHERS NAME	MI	DDLE	LAS'		N/A	S MAIDEN NAM			LAST	
75	07	160 \	WAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM		ADDR			
Page 1	1/		Yes			229-09	-4367	Sandra	Dodson	2040 Summ	it Aver		
from page	1		PART I. DEATH W	H (Enter only 'AS CAUSED	ane cause pe BY:	_	CER OF 1	Г				BETWEEN OF	NATE INTERVAL
auged by the charter the complete terms to burnel, cernol	yury, acother tro	NO	gave rise to immade cause (a), stating underlying cause	last	(_{[c)}	E TO, OR AS A CONSEQUENCE OF (c) (ONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TI			D TO THE TERM	INAL DISEASE OR COM	NDITION GIVE	N IN PART 1 o	
he low reg	9	TIFICATIK	190 DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
CLAN T g physic emicute sofmon edal Hyg	9	CAL CER	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH			DAY YEAR	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM IB PA	RT I OR PART 2)	
	open o	MEDIC	21d INJURY OCCUR	ILE [OF INJURY	FFICE FARM, ETC.)	211. LOCAT		CITY OR T	NWC	COUNTY	STATE
ATTENDIN riphtel or CTOR, A 110 users	1216.110		220.1 certify that (I) saw the decease above, (I) (we) (c	ed alive on		0//1	~='''	nd that in (my) (aur) apinian (ta9// death accurred an the c	date and hour		hat (I) (we) last auses stated
TAL OF TAL OF FAL DIRE detocher forte Dept	7		22b. SIGNATURE	MX	M	- 1	10			MEDICAL STA		221. DATE S	1-85
O HOSPITAL thaned by 11 TO PUNERAL hould be det			DR. N	ROSE	NBLUM				BMC				
BP			BURIAL, CREMATION,		236 DATE 9/6/85		231. NAME OF C		t Veter			COUNTY	Md
DHMH - 16 60M (VRA 15, 4)	7/84		UNERAL DIRECTOR	arch F	/H Inc	430000	Wabash	Avenue	100 CH 2	REC'D. BY REGISTRAL	FL KAL ANA	AR'S SIGNALLY	file

DHMH - 16 50M 4/83

ST.

DIVISION OF VITAL RECORDS,

Walter Brooks Bradley Inc. Balto., Md. 21222 (VRA 15, 4)

23b. DATE

9/23/1985

230. BURIAL CREMATION, REMOVAL

Burial

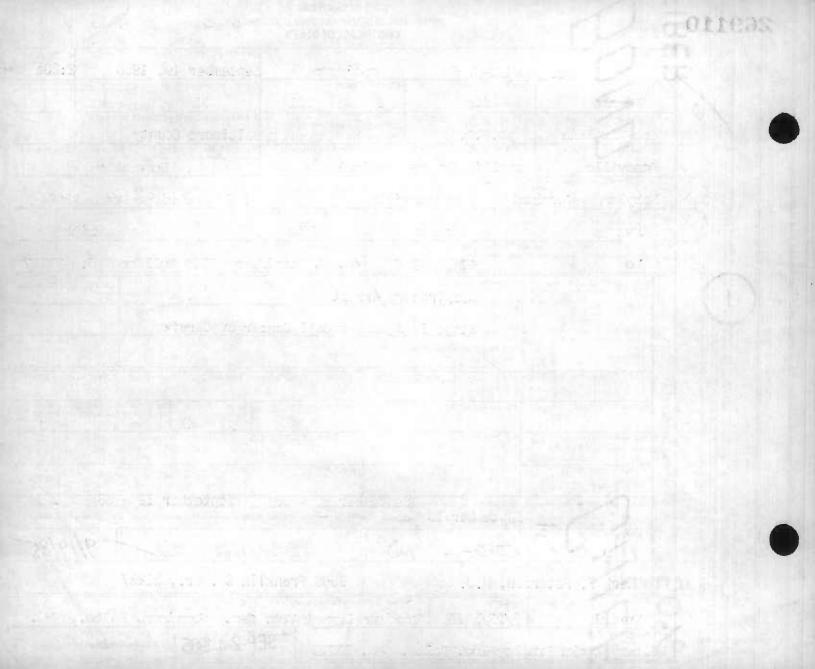
24 FUNERAL DIRECTOR

23d LOCATION

23r. NAME OF CEMETERY OR CREMATORY

Garrison Forest Vet. Cem.

Garrison, Balto.,



256076

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	ECEASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR		
ITY	PE OR PRINT)	MURIEI		W.		DORER	SEPTEMBER	7	. 1985	11:00P		
3. S	EX	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	Female	27.1	Whit	•	Marc	h 26, 1911	74		MONTHS DAYS	HOURS MIN.		
70	BIRTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF	_	JTRY? 8		9 BALTIMORE CITY O	R COUNT	TY OF DEATH			
	Maryland		U.S.		WIDOWE		Baltimore County M					
2	Baltimore		1205	Maiden Choice Lane			126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS CONTINUE 1					
130	VAL RESIDENCE (IF NU STATE Maryland	13b COUNT Balti	Υ	13c CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS A	zip cot en Cl	DE			
14.1	FATHER'S NAME	M	IDDLE	IAS	ı	15 MOTHER'S MAIDEN NA	ME		1457			
	Carl		Ernst		olff	Edith	Fran	ces	Dr	ummond		
1 6 a	WAS DECEASED EVE		ED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS				
	No	(M. LEZ' CIAE	WAR OR DATES!	215-0	7-7773	George G. Do	rer Same	as +	# 13			
CERTIFICATION	PART 2 OTHER SIG	Sel	onditions co	ONTRIBUTING HE	ast d	NOT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDING			
RTIF							YES NO		res 🗌	NO 🗍		
	210, ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)			
MEDICAL	21d INJURY OCCUI		21e. PLACE ((AT HOME STR		FFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
	22a.1 certify that (sow the decea	sed alive an_	- The second			nd that in (my) (aur) opinion o	death occurred an the de		, 19, that and from the co			
	77% SIGNATURE	Park	Care	u,	. M	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAF	IANII	9-	9-85		
	Sambar	- 1		an		St Agnes Me	ed. Center		timore, 55 Wilke			
23a	BURIAL, CREMATION (SPECIFY) Cremation	, REMOVAL	23b. DATE 9/9/8.	5		w Crematory	23d LOCATION CITY OR TOWN Catonsvil	le	COUNTY	Md.		

21228

Letroyal M. R. Witzke Funeral Homes P.A. 250 DATE REC'D.

1630 Edmondson Avenue, Catonsville, Md.

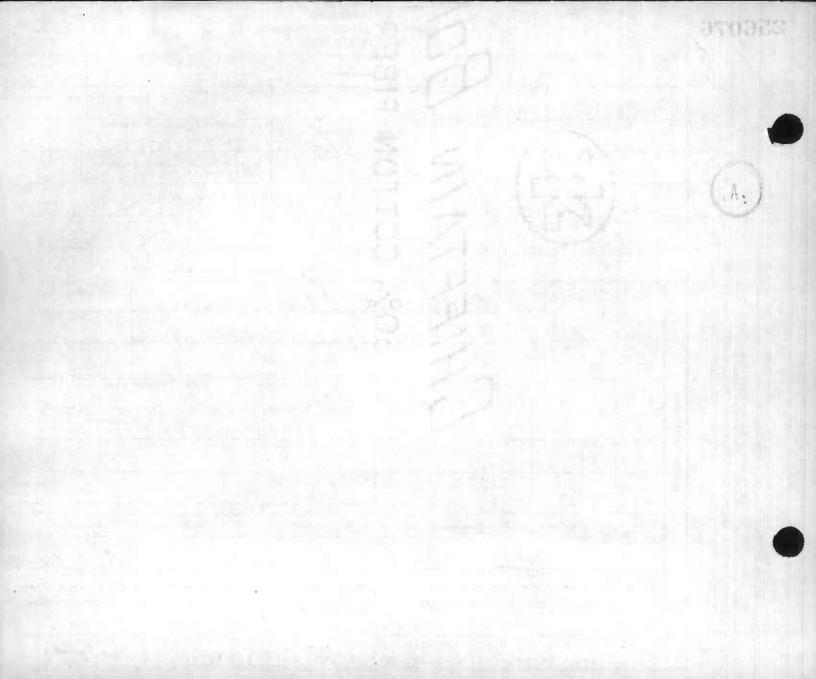
Catonsville

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

GENERAL DEMASSION - Randasse.

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If he



(VR A15 ME (5)) 20M 4/82

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3-1201 and tending by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filed in both should be detached for use as the bund-transit permit. Then please remove corbon papers. Pages A and 2 similar that has State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 sites are injury, or other traumatic event, the medical exeminer.
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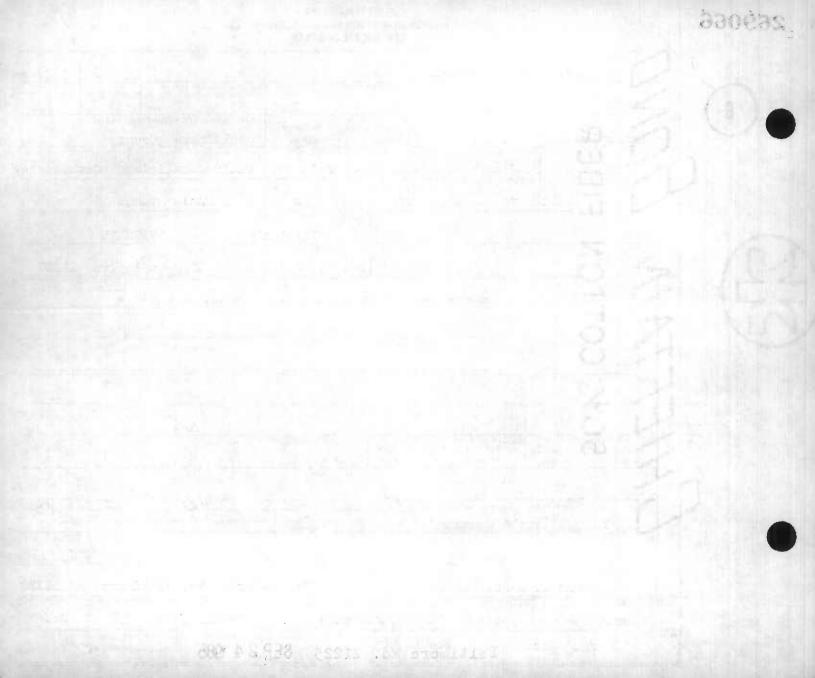
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

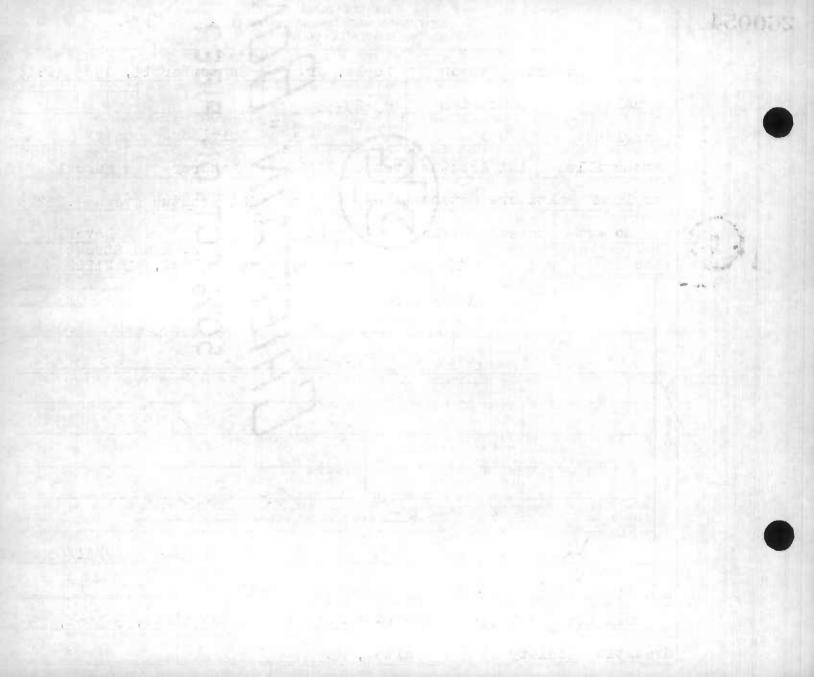
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.				i
	DECEASED NAME	FIRST	MIDDLE		i.	AST		20. DATE OF D		DAY	YEAR	2h HOUR	
1		Sr. Mary	Vero	nica	DOWD				9	22	85	1:46	Apm.
3.	SEX	4 RAC	E		5. DATE C			6. AGE (IN YEAR	S LAST BIRTHDAY)		DER 1 YEAR	IF UNDER 24)	HRS
	Female	1	White		1	2		9.2	Y		DAYS	HOURS	AIN.
7	BIRTHPLACE (STATE ORF	OREIGN 76 CIT	IZEN OF WHA	T COUNTRY?	8	D DIEVER M					EATH		
7		ania I	J.S.A.					Balti	imore	Count	v		MD.
2	CITY OR TOWN OF DEA	TH 11. N				OR OTHER INSTI	TUTION		CUPATION	12	KINDO	FBUSINESS	
1			Joseph	Reside	nce 4	100 Map	le Ave	retire		gious	Ca	th.Sis	ter
7	Md RESIDENCE (IF NURS	13b COUNTY	130 0	CITY OR TOW	N			13. STREET AD 4100 N	DRESS / ZIP C	code venue	2	120	7
Y		MODIS		1457		15. MOTHER'S	MAIDEN NAM			III E			
7	James	MODIL		DOWD		E	lizabet			FARRE			
16				SOCIAL SECU	RITY NO.	17 INFORMAN	41		ADDRESS				-11
Ł	No	(IF TES. ONE WAR O		99-40-	6456	Sr. M.	Regina	Long	4100 M	aple	Ave	21227	,
	II CAUSE OF DEAT	H (Enter only one	cause per line f	or (a), (b), and	d icili				4		APPROXI	MATE INTERVAL	ATH
	PART 2. OTHER SIGN	lost. VIFICANT CONDI	(c) TIONS <u>CONTR</u>	IBUTING TO E	DEATH BUT	. 7.5			SY? [20b. II	F YES, WE	RE FINDIN	IGS USED	=
	65 68								10	YES		NO 🗆	
	OR CONTRIBUTING	AUSE OF DEATH			YEAR	21¢ HOW INJ	URY OCCURRI	ED (ENTER NATUR	E OF INJURY IN STEA	w 18 PART I C	OR PART 2)		
		ILE C			ARM, ETC.)	71f LOCATION	N		ITY OR TOWN	C	OUNTY	STATE	E
-			. / / -		7/13	nd that in (my	, 19 & S	eath occurred c	h the date and	19 d			S ast d
	alla		S			A1 Pi	HYSICIAN 🔛	MEDICAL DIRECTOR [STAFF PHYSICIAN		1/	-/	
	Pennsylvania U.S.A.	28											
23	Burial, CREMATION, (SPECIFY) Burial						REMATORY			cou	INTY	Md STATE	à
24	FUNERAL DIRECTOR	e Gonce	4001 t	Ritchi	e Hwy	21225	SEP	2 4 198	ISTRAR 256. RE	GISTRAR'S	SIGNAT	URE NO.	

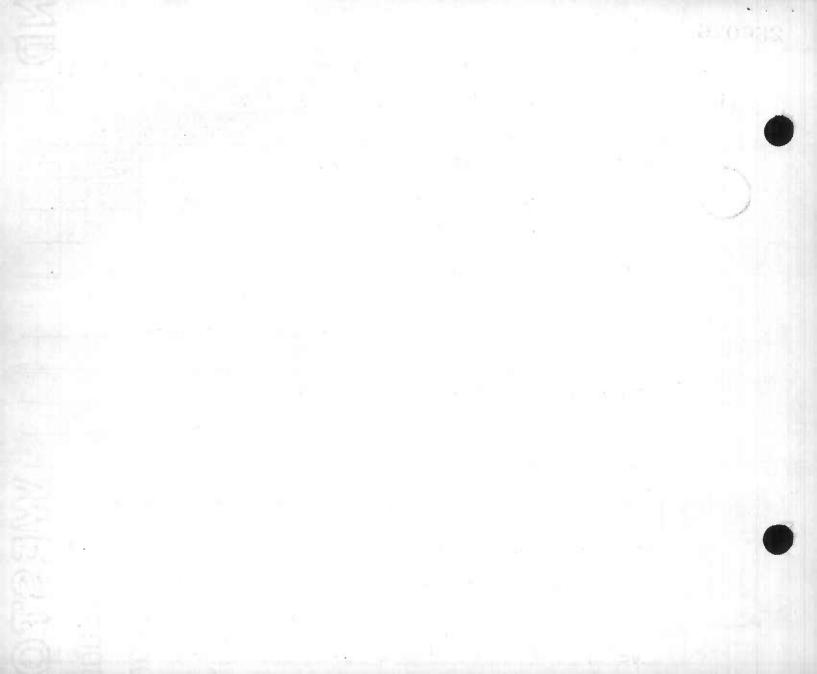


X	1 -	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4 3 7 3			
		EASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
	{ I YPE	Rober	t Henson	D 07	le, Jr.	September :	11, 1985 10:15			
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN			
	1	Male	Caucasian	03-	-23-53 YEAR	32 YE				
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	DALTIMORE CITY OR COUNTY OF DEATH				
2		aryland /	USA	WIDOWE		Baltimore	County MD.			
	P. Call	tonsville	11. NAME OF HOSPITAL, NURSING (IENOT IN SUCH FACILITY, GIVE STREET 121 Arbutus	ADDRESS) AVENU	r other institution le 21228	Transpersion of the state of th	126. KIND OF BUSINESS OR INDUSTRY Manual			
35	13a S	TATE _ HIS COU	ROTHER INSTITUTION. GIVE RESIDENCE BEFOR NJY 136 CITY OR TOW SIMORE CATONSV	/N	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP C				
	FA	THER'S NAME Robert I	MEDDIE Ienson Doyle	1	15. MOTHER'S MAIDEN NAM	MIDDLE	Levell			
11	16a V		RMED FORCES? 166 SOCIAL SECU		17 INFORMANT		ad Street			
		NO OR UNKNOWN) (IF YES G	A 217-58-	-2388	Fran Schwar	rtz Balto.,	MD 21202			
-		18 CAUSE OF DEATH (Enter of	nly one couse per lipe for (o), (b), or	nd (ch.)			BETWEEN ONSET AND DEATH			
	8	PART I. DEATH WAS CAUS	TE CAUSE 10) Knewn	ina	*	67-12-12-151	2 months			
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) CONSEQUE DUE TO, OR AS A CONSEQUE (c) CO	ENCE OF	manale france	y syndrom	12 months 3 years			
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO							
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? YES NOW YES NOW				
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) 19						
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
		sow the deceosed olive o above, (1) (we) (did) (did n	ottol) attended the deceased from 19 5			death occurred on the date and	hour and from the causes stated			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		226 SIGNATURE	e Pole		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/11/85			
WINDER AND A STATE OF THE STATE		22d. PHYSICIAN'S NAME (TYPE	Pour	4-41	615 N. W	rolfe St. T	Belfinne			
	23a B	URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	234 LOCATION	COUNTY STATE			
		Cremation	9/11/85 Se	curit	y Process	Catonsville				
/B4	24. FU	NERAL DIRECTOR NAME	ADDRESS		OF	E REC'D. BY REGISTRAR 256, RE	A a Corre			
	Cr	emation Soci	ety of Md. B	alto.	, MD SE	F 1 3 1985	a device of installer			

STATE OF MARYLAND



Service District Mills, No. 24040



	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL
- STATE	CERTIFICATE OF DEATH

HYGIENE 8

68116	1-	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
poge 3	(TYPE	CEASED NAME FIRST ON PRINT) CONTROL CO	kert	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR (8, 1985	26. HOUR 6:451 M		
od od	& SE		4 RACE		5. DATE O		1000	6 AGE (IN YEARS LAST	RIHDAY	F UNDER YEAR	IF UNDER 24 HRS		
s of s	1	Female	Cau	Cau 4		21	1890	95	YRS	MONTHS! DATS	HOURS MIN.		
Pog dire	₹o BI	RTHPLACE (STATE OF FOREIGN		The CITIZENI OF WHAT COUNTRY?									
oth.	1	Germany		MARRIED LI NEVEL			NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF BALTIMORE C				140		
eb uth	10 C	TY OR TOWN OF DEATH	11. NAME OF	WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION				12a USUAL OCCUPA	TION	126 KIND	OF BUSINESS OR		
by the filed w		ndalk	Merid				Center		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home				
24 hou	130. 3	AL RESIDENCE (IF NURSING HOMESTATE 136 CC	YTAUC	NTY 13t CITY OR TOW Baltimor		13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	zip coi reepei	oe c St. Ba	lto 21224		
the Sel	_	THER'S NAME				15 MOTHER'S		ME					
3 BP 2	Ch	ristian		Kammerer Not				n	В:	ischoff	ST		
	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?				Not Known Bischoff 17 INFORMANT ADDRESS						
on one	No	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	217-32-8	8518D	Paul O	. Ecke	ert 1608 Rita Rd. Balto Md 2					
physicia n poper movo vent, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe ISED BY. IATE CAUSE (o)	er line for (o), (b), o		EUMOA)/A	IND RESP.	VEATO		ONSET AND DEATH		
hat the death cer by the attending sse remove corbo I, cremation, or re other traumatice		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, C	DR AS A CONSEQUENCE OF A CO	JENCE OF	clerot		204 Dise	OLON	<u> </u>	JEAN MONTHS		
equires 1 n signed Then ple to burio njury, or	NO	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	RMINAL DISEASE OR CONDITION GIVEN IN PART 110					
The low r	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	196. CONDITION FOR WHICH OPERATIO			MED	200 AUTOPSY? YES NO	IN CER	ES, WERE FINDI TIFYING CAUSE: YES []	NGS USED S OF DEATH?		
PHYSICIAN T ending physici this certificate the buriol-fronsi and Mentol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF HE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONTH { P.M.	DAY YEAR	21c. HOW INJU	URY OCCURE	RED (ENTER NATURE OF IN	IJURY IN ITEM I	B PART I OR PART 2}			
G PHYS ottending er this of the bur ond Me	MEDICAL	214 INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION	4	CITY OR	TOWN	COUNTY	STATE		
hospitol or or infections. Here is more than them is the or is more than them is not in the or is more than the most in the or		22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive an obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE									that (I) (we) lost couses stated SIGNED		
T T		274 PHYSICIAN SNAME (TY	B & Cle eround Up attending Medical Staff PHYSICIAN DIRECTOR PHYSICIAN							1	get 1812		
O HOSPITAL efoined by the TO FUNERAL should be deta with the State IMPORTANT:			neracio			3401	Dunda	lk Avenu	0		145		
F o F ≥ 2 ₹		BURIAL, CREMATION, REMOV				EMETERY OR CE	REMATORY	23d LOCATION		COMMIX -	STATE		
BP		rial	9-21-	85 0	aklawr	Cemete	ry	Baltim	ore M	aryTand			
		INIEDAL DIDECTOR					250 DAI	E DEC'D BY DECISTO	DISC DECL	STRABLE CICNIA	TLIDE		

DHMH - 16 60M 7/84 (VRA 15, 4)

Duda-Ruck Inc. 7922 Wise Ave. Balto., Md. 21222

SEP 23 1985

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STATE OF MARYLAND 27002 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NOXC 21 492 603 DECEASED NAME LIYPE OF PRINTS ROBERT EDDY September 24. 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR NOVEMBER 12, 1929 MALE BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH ASTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WEST VIRGINIA U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FORT HOWARD VA MEDICAL CENTER, FT. HOWARD. SALESMAN 136. COUNTY 13e.STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE 27 Mulberry Lane FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE **ESTIA** EDDY BLANCHE SHANE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR UNKNOWNI POST KOREAN 235 44 2793 CLIN. RECDS. VAMC, FORT HOWARD, MARYLAND 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) MASSIVE MYOCARDIAL INFARCTION 1 HOUR DUE TO OR AS A CONSEQUENCE OF CORONARY ARTERY DISEASE WITH ANGIAN YEARS Conditions, if any, which gove rise to immediate cause lat, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause

> PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION INSULIN DEPENDENT DIABETES MELLITUS, DEPRESSION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220 I certify that #) (this hospital) ottended the deceased from saw the deceased alive an , and that in (my) (our) apinion death accurred on the date and have and from the causes stated above, \$4 (we) (did) (did not view the body after death

> > DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN

M. SINGH, M.D.

22b. SIGNATURE

24 FUNERAL DIRECTOR

WAMC, FORT HOWARD, MARYLAND 21052

MEDICAL

DIRECTOR PHYSICIAN

22c DATE SIGNED

9-24-85

REGISTRAR'S SIGNATURE

230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY Burial 9/27/85 Holly Hill Cemetery Middle River Balto. Md.

NAME ADDRESS

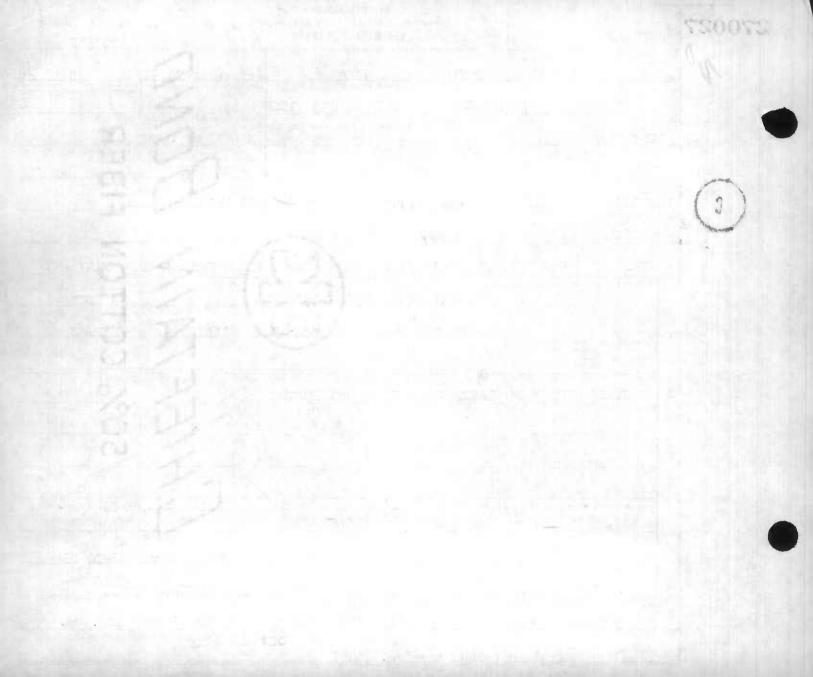
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DHMH - 16 60M 7/84 (VRA 15, 4)

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ntal Hygi

Connelly Funeral Home 300 Mace Ave. 21221



- STATE CERTIFICATE OF DEATH REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE C

REG. NO

MIDDLE

20 DATE OF DEATH 2b HOUR BALTIMORE CITY OR COUNTY OF DEATH TOWSON-BALTIMORE COM INDUSTRY HOMEMAKER

BALTIMORE

BALTIMORE

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

Huff

8229 EVERGREEN DR . 21234

FATHER'S NAME Frank Buttner

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MD.

CEASED NAME

16b SOCIAL SECURITY NO.

JOSEPH HOSPITAL

Emma 17 INFORMANT

ADDRESS 6522 213-07-5989BPATRICIA PORTER (NIECE)

RD. 21220

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (0)_ CARDIAC FAILURE DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse tot stating the underlying couse

6) OBSTRUCTION OF MITRAL VALUE

DUE TO, OR AS A CONSEQUENCE OF

PEDUNCULATED MURALTHRONBUS OF LEET ATRIVA

SPLEEN AND INTESTINE INFARCTS 90 DATE OF OPERATION

9-70-85

196 CONDITION FOR WHICH OPERATION WAS PERFORMED THROWBOELDOUSHOF FEMORAL 216 TIME OF INJURY

PARKWOOD

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d. INJURY OCCURRED NOT WHILE 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.) 211 LOCATION CITY OF TOWN

220.1 certify that (this hospital) attended the deceased from. sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body ofter death

nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED 9-7.2-8

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

BURIAL

22e ADDRESS.

DEGREE

OSEPH HOSPITAL-TOWSON, KID.

REYNALDO DRIVELA-GOMEZ M.D.

MENTOF PATHOLOGI 231. NAME OF CEMETERY OR CREMATORY

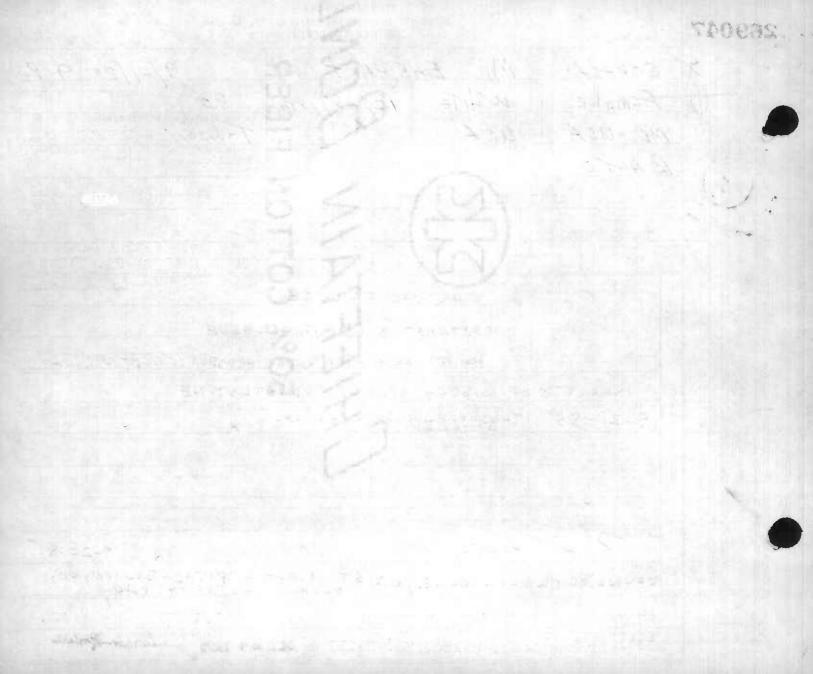
COUNTY BALTIMORE

MD .

DHMH - 16 60M 7/84 (VRA 15, 4)

9/25/85 3331 Brehms Lane, Balto. Md.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE



NECESSARY, PLEAK UNERAL DIRECTOR S POR YOUR FILES WITHIN 72 HOURS MICHAN STREET	3 SE	emale V RTHPLACE (STATE OF REIGH COUNTRY) st Virgin	hite R	5. DATE OF BIRTH MONTH DAY January	14 1962 2 VHAT COUNTRY?	YEARS IF UNDER TY HDAY) MONTHS DAY	NEVER MARRIED DIVORCED	OF ESTI- DEATH MATED 26. DATE PRONOUNCED DEAD 9 BALTIMORE CITY Baltimore	MONTH DAY YEAR 17 19 8 9 27 10 8 OR COUNTY OF DEATH County	5 1621
S THE STATE OF THE	D	undalk 21	.222	Cause	DSPITAL, NURSING HO FACILITY, GIVE STREET ADDRES WAY-Keybrid GIVE RESIDENCE BEFORE ADMI	ge	The second secon	USUAL OCCUPATION (1 OR MOST OF WORKING LIFE)	TYPE OF WORK 12b KIND OF E OR INDUS	
SAFTER FATH ANY GIVE PACES THE PACES THE PACES THE PACES WISH FORM THE WISHON!)30 N	TATE aryland ATHER'S NAME FIRST Hudso	Balt	imore	Dundalk Last	1 13d. INS YES		WIDDLE	Rd. Apt. A	21222
JRS AFTER DE SIGNE PAGE WITH FORW DIVISION O	16a. V	VAS DECEASED EVIES NO OR UNKNOWN)	ER IN U.S. AR/	MED FORCES?			ormant hn E. McC	ADDRE	(same)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCÉRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, ROBE TO THE CHEIGHE AEDIOLAE, EXAMINER ALONG W 35 3 SHOULD BE USED AS A BURNAL - TRANSIT PERMIT. DEPENARIMENT OF HEALTH AND MENTAL HYGIENE. OF PROST CHEIGH AND CONTRACTORY.	ATION	Conditions, if gove rise to couse (a) storic lying couse la PART 2 OTHER SIGNIFIC 19th. DATE OF OPE	o immediate ng the <u>under</u> st. ANT CONDITIONS	(c)CONTRIBUTING TO DEAT	R AS A CONSEQUENCE	RMINAL DISEASE OR CONC			20 AUTOPS	yy?
DIVISION OF VITAL I THIS CÉRTIFICATE SHOUL WARDED TO THE CHIEF WARDED TO THE CHIEF WARDED SA SHOULD BE USED STATE DEPARTMENT 2120 PR	MEDICAL CERTIFICATION		OR CAUSE OF I	21e PLACE STREET, FA	DF INJURY M. MONTH DAY YE M. 9 27 19 COF INJURY (ATHOME, BORK FAM., ETC.)	21c. HOW INJUST PORTS	enger in	TER NATURE OF INJURY IN ITEM AUTOMOT From town Sc	YES -	NO IX
MEDICAL EXAMINER: CUTE THE CIRTIFICATE, SE 4 SHOULD BE FORW FUNERAL DIRECTOR; FUNERAL DIRECTOR; INVIGE MARKENADO.		220 I certify the death resulted from ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAN (TYPE OR PRINT)	C. C.	e of the remains de al causes , , , , , , , , , , , , , , , , , ,	Acident Aciden	Suicide , Ho	E (SPECIFY) Le ful y M 2 112 Du	determined manner EDICAL EXAMINER Adulk Porc.	DATE SIGNED BOLLO, Md.	1219
023004	23n R	URIAL, CREMATION			23c. NAME OF C			LOCATION	 	

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	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MEI	NTAL HYG	IENE 8	S REG. NO.	2 4	9 4	0 2
		CEASED NAME	ersi argo		E.		E'PPIE	5	20. DATE OF	DEATH MO	PAD HTM	85	135 AM
	1. SE	EMALE		CAUCA	SIAN	5. DATE C		YEAR AR	6 AGE INYE	ARS LAST BIRTHD	YRS.	THS DATE	HOURS MIN.
33	Division of	ARYLAND	DREIGN .	U.S.	HAT COUNTRY?	MARRIEI WIDOWE			9 BALTIMOR	HIMOR OF		DEATH	nty MD
8		TOWSON		ST.J	OSPITAL, NURSIN FACILITY, GIVE STREET	ADDRESS)	HOSPITO		120 USUAL C (TYPE OF WORK HOMEM	FOR MOST OF W		INDUSTRY	F BUSINESS OR
35	MA	RYLAND	13b COUN		13t. CITY OR TOW 21239	N I		∘XX		DDRESS / Z	P CODE	D. 2	21239
3	Ö	JÖHN	٨	NDDLE	WOLF		15 MOTHER'S M	ERTRU		MIDALE A		OTT	žo
1		VAS DECEASED EVER I			166 SOCIAL SECU 216-74-9		17 INFORMANT CAROLYI	V L.	SHEAL	ADDRESS 2317	LOFT	LANE	
M		Canditians, if any, gave rise to imm cause (a), stating underlying cause	ediate the last	(b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	ALOY BELAYED YO	THE YEAR	NAME OF STREET				
2	CERTIFICATION	PART 2 OTHER SIGN	ION	19b. CONDIT	INJURY	OPERATION		ED	200 AUTO	PSY? 2 NO[]	Ob. IF YES, W N CERTIFYIN YES [ERE FINDINIG CAUSES	NGS USED
9	MEDICAL	OR CONTRIBUTING C C	ED	P.M. 21e PLACE O		19	211 LOCATION STREET			CITY OR TOWN		COUNTY	STATE
		220.1 certify that (I) w the decease abave (I) 2we) (d	d alwaron_	view the bady a	0 19			NDING _	MEDICAL	STAFF		od from the control of the second sec	
I		22d PHYSICIANS NA	A.	PRINTI	-1	er ND	22e ADDRESS	SICIAN	K Rd.		SW S1	on A	Vd zizi
		SURIAL, CREMATION, F	REMOVAL	23b. DATE SEPT.2	4, 85MC		ND MEM.		Z3d LOCA		E CO.	ouniy MD	STATE

JOHNSON8521 LOCH RAVEN BLVD.

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

GEP 23 1085 Julia Dandam Pondare.

SEP 23 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
WILLIAM E.

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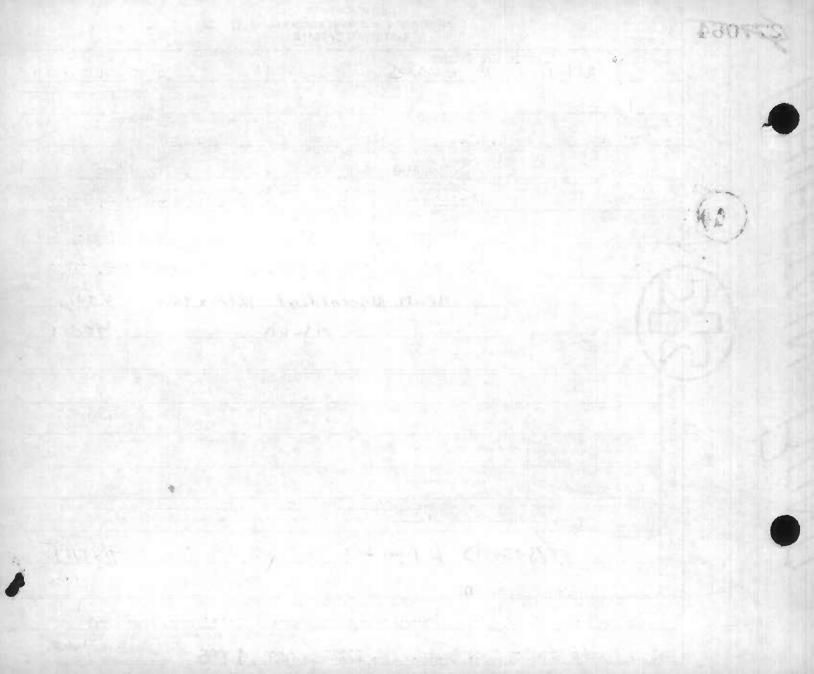
STATE OF MARYLAND

STATE OF MARKIERIES	-
EPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	_

REG. NO	

	REGISTRAR					REG. NO)		12 13
	CEASED NAME FIRSMI	ldred R. Evans	ANS	AST				DAY YEAR	2b HOUR
1. SE	IVIIIa	4 RACE	5. DATE C	NE DIDTM		6. AGE (IN YEARS LAST BIR	9 2'	7 85	4:23 PM
a. SE		4 KACE	MONTH		YEAR	B. AGE (IN TEARS LAST BIR)		MONTHS DAYS	HOURS MIN.
1	Female	White	01	l 13	04	81	YRS		300
	IRTHPLACE (STATE OF FOREIGNE	76 CITIZEN OF WHAT COUNT	RY? 8.	D NEVER	MARRIED T	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland	U.S.A.	WIDOWE	DX DI	VORCED	Baltimore (MD.
Pr	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST		OR OTHER INS	TITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OR
	Towson	St. Joseph Ho		0.00			Hame	naker	
13a	AL RESIDENCE (IF NURSING TOME OR STATE Maryland		OWN	13d. INSIDE C	NO [13e STREET ADDRESS /			21210
11.5	ATHER'S NAME	MIDDLE LAST		15 MOTHER	S MAIDEN NAM				
	John	Merry	nan	Dr	rthea	WIDDLE		Unknow	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17 INFORMA		ADDRE	SS	OTINITO	ATT
-	(YES, NO OR UNKNOWN) (IF YES, GIV	214/03/	/5999	John I	. Evans	9706 Free	lerick	Ave.	21043
	18 CAUSE OF DEATH (Enter on	ily ane cause per line far (a), (b)	, and ich			1			MATE INTERVAL DNSET AND DEATH
6	PART I. DEATH WAS CAUSE	D BY. TE CAUSE (a)	rute N	Lunchi	dist	INFAIRT	מומו	20	a.
and the		DUE TO, OR AS A CONSE	OUENCE OF	7					-
	Canditians, if any, which	UUE 10, OR AS A CONSE	QUENCE OF	/	ARCON	1		48	Arc
	gave rise to immediate cause (a), stating the	(6)		/	1 1-00	E2 E 57 E 5			
3	underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF						
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED	TO THE TERM	IN AL DISEASE OR CON	NA LACITA	Chi thi DAOT 1	
z	TAKE 2 OTTEK STOTAL CANAL	CONTRIBUTIONS	TO DEATH BOT	NOT KELATEL	/ TO THE TERM	INAL DISEASE OR CON	MION GIVE	EN IN PART IS	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
18							IN CERTIFY	YING CAUSES	OF DEATH?
E	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		Tale HOW IN	TILIBA UCCTIBB	YES NOK		5 🗍	но 🗌
10.77	OR CONTRIBUTING CAUSE OF DEA	110110 111 11011111	DAY YEAR	210 110 11 11	JOHN OCCORR	(ENTER NATURE OF INJUR	TINTIEM IS PA	ART TORPART 2]	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19						
#	21d. INJURY OCCURRED	21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE FARM, ETC)	211 LOCATK	N	CITY OR TO	VN	COUNTY	STATE
	WHILE NOT WHILE AT WORK					March 1985			
	220.1 certify that (1) (this haspi		-,-	_	_, 19.85	to <u>9/27</u>		00	that (1) (we) last
	saw the deceased alive an abave, (I) (we) (did) (did no	ti view the body after death.	9, ar	nd that in (my)	(aur) apinian o	death accurred on the do	te and haur	and Iram the	causes stated
	22b. SIGNATURE	1		DEGREE				22c. DATE	SIGNED
	T.	150000 L	. BOAS	m)	PHYSICIAN T	MEDICAL STAF		19/28	7/85
	22d. PHYSICIAN'S NAME TYPE	R PRINT)		22e ADDRES	-			14	
	Lawrence	ce Boas, M.		76	20 York	Road Tows	on, Ma	ryland 2	21204
	BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	Cremation	9/30/85	Green Mo	ount Ce	meterv	Baltimor	e. Ma		SINIE
24 F	UNERAL DIRECTOR				25a. DATE	E REC'D. BY REGISTRAR	25b. REGISTR	RAR'S SIGNAT	URE
Wa	alter Brooks Bra	adley Inc. Balt	o., Md.	21222	ריים	1 1985	pulia Sa	widson-R	indell
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DHMH - 16 60M 7/84 (VRA 15, 4)



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WWW	+"	LC ON MAINT)	Norbe	nt	Joseph	FA	LTER	OF DEATH	ESTI-	4 h n 27 1	1
SEEDE S	1.58	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN	YEARS IF UN			200	THE DAY VEAR DE	75 W
	+	Male	White	Mar.19	1925 60		HS DAYS HOURS	MIN PROMOUN	Selte	ml 21 816	A
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A BARBA	10 C	ITY OR TOWN	OF DEATH		SPITAL, NURSING HOA		ER INSTITUTION	120. USUAL OCCUP FOR MOST OF WOR	PATION (TYPE OF WO	ORK 12b. KIND OF BUSINE OR INDUSTRY	SS
A0244	1	Towson			ulaney Va		Road	Auditor		Railroad	
SEASON		STATE	1136 COUN	ITY	130 CITY OR TOWN		13d. INSIDE CITY LIMITS?			21204	
E ASSES	1	Md.	Balt	0.	Towso	n	YES NO 🗙		ılaney V	alley Rd.	
W H-10	1	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDI		31001	LAST	
AND SECOND	Ida.	Cornel WAS DECEASED	EVER IN U.S. AR	MED FORCES?	Falter	ITY NO.	Margar 17. INFORMANT	et	ADDRESS	Garrity	
A THE PARTY OF THE	1	YES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	216-16-		Josephin	e L. Fal	ter	Same	
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A FEA	HICATION	19a. DATE OF	OPERATION	196 COND	ITION FOR WHICH OPI	ERATION W	'AS PERFORMED?			20 AUTOPSY?	
A SOFT	11									YES NO	0
A HAME	8	21a EXTERNA UNDERLYING	L CAUSE WAS	21b. TIME O	F INJURY A. MONTH DAY YE.	21c. Hc	OW INJURY OCCURRE	D (ENTER NATURE OF IN.	URY IN ITEM 18 PART 1	OR PART 2)	
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WAS CONTROLLED IN THE CONTROLL	MED	214 INJURY C	NOT WHILE [OF INJURY (AT HOME,		CATION	CITY OR TO	VN	COUNTY	STATE
THIS WARP STATI		AT WORK	AT WORK							1 3-24-1	
SE S		The state of the s			scribed obove, held on		sy 🔲 , Inspectio			y opinion	
AMMIN SELECTION OF		death resulte	d from Notu	rol coses [,	Accident L.	Suicide	, Homicide .	Undetermined mo	nner		P
A DECEMBER		ACTUAL	Eli.	la-TC	2 min	115	Ale her	14	D/	TE 9/7/1/a	-
A SEAT STATE	1	SIGNATURES		eeci .	707-70	mi	379	MEDICAL EXAM		GNED // F	-
W C C C C C C C C C C C C C C C C C C C		TYPE OR PRIN	NAME Char	les F. C	Donnell /	M.D.	ADDRESS 7501	York Ro	.,Tows	on, Md.	
524544	23o. B	URIAL, CREMAT	ION, REMOVAL		23c. NAME OF C			23d. LOCATION		COUNTY STATE	
BP	24.5	Burial UNERAL DIREC	TOP.	9-24-85	New	Cathe		Balto.	o les proven	:Md.	
DHMH - 17		NAME		ADDRES			O. LOPE	23 1985	The Device	lan-parker	
(VR A15 ME (5)) 20M 4/82		Henry '	W. Jenk	ans & Sa	ons Co.Ba	ito.,	VId. JULI	2 0 1303			

2202180 Ave. Balto. Toward to the Cultanea Valley Rd. Commellul Falson Marrian met Georgia WW H ST-10-1905 Josephine L. Faltan Sawa Charles H. O'Cannatt N.D. C Year York I L. Towson, Md. Illian carried telephone and the carried telephone BY COLUMN TO THE REST OF THE R

	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4 4 0 3
		CEASED NAME FIRST		MIDDLE	Į.	AST		DAY YEAR 26 HOUR
ก้อง6			rothy	W.		ANTOM	September 9	1985 6:47P M
free	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER YEAR IF UNDER 24 HRS
000	F	emale	Whit	е	MONTH	30 03	82 YRS	
1136	7a B	RTHPLACE (SINTE ON FOREIGN COUNTRY) aryland		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore County	
57		OSSVILLE	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Lin Squar	ADDRESS)	pital	174 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWILE	126 KIND OF BUSINESS OR INDUSTRY Homemaking
and both	13a	al residence (if nursing home of state 136 COU aryland Bal	NTY Ltimore	GIVE RESIDENCE BEFOR		136 INSIDE CITY LIMITS?	STREET ADDRESS / ZIP CODE 206 Stevens Rd.	21220
12/10/10	14. F.	ATHER'S NAME FIRST	MIDDLE	Billmeye	er	13. MOTHER'S MAIDEN NA	ME	Wäters
s lico	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDRESS	
aed a		(IF YES, G	AN AN ON DATES)	212-30-	-5310	Mary P. Hol	comb 206 Stevens	Rd. 21220
ent, the	F	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per ED BY:	systole,	Acute	Anterior Wal	1 Myocardial	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or re-		IMMEDIA					Infarction	n
ne co on, o		Conditions, if ony, which	1	DR AS A CONSEOU	ENCE OF			
ase remov I. cremoti other tro		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	DR AS A CONSEOU	ENCE OF			
Then ple r to burio injury, or	NO	PART 2 OTHER SIGNIFICANT Congestive	CONDITIONS C	ontributing to ailure wi	th se	NOT RELATED TO THE TERM	hypoxemia, oligur	ria .
t permit.	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
entol Hyg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A		AY YEAR	21¢. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1B PA	ART 1 OR PART 2)
hond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
Use of Teolf		22a. certify that (this hosp sow the deceased alive a above (K (we) (did) (4.46	Septem	ber 9 19	Sept 85	elliber 5, 19 85 and that in (see (our) opinion		19 <u>85</u> , that K (we) lost r and from the couses stated
2 4 6		226 SIGNATURE	211.	Louse	N	THUSICIAIN L	MEDICAL STAFF DIRECTOR PHYSICIAN	9/9/85
AL DIRECTO detoched for ote Dept of h if; if hem 21		Wireen C	TENU					
T to to	2	Doreen E.	OR PRINT)			9000 Frankli	n Square Dr., 212	237
should be detoched for with the State Dept of H IMPORTANT: If Hem 21	23a	Doreen E.	Feldho	use, MD	NAME OF C		23d LOCATION	
should be detoched for with the Stote Dept of the IMPORTANT: If them 21	23a	Doreen E.	Feldho	use, MD		9000 Frankli		COUNTY STATE

STATE OF MARYLAND

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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

FOR

- STATE

BP

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial

REGISTRAR

DECEASED NAME LIVEE OF PRINTS

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$

REG. NO

IF UNDER I YEAR

INDUSTRY

COUNTY

REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

La Davidson-Randalle

IE LINDER 2 + HR

12h KIND OF BUSINESS OR

21207

21207

STATE

Maryland

APPROXIMATE INTERVAL

20. DATE OF DEATH

Woodlawn

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STUDIES IN

Masod C. 'Glaseron

YEAR P. Engles V. Fenser

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Film G608 item 3

- STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

REGISTRAR DECEASED NAME

126 KIND OF BUSINESS OR INDUSTRMcCormick (TYPE OF WORK FOR MOST OF WORKING LIFE) Spice Co. Retired Chemist 13e STREET ADDRESS / ZIP CODE 6000 Black Friars Circle 21228 Green Same as # 13 APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Baltimore, MD. 21228 Suite 2 ISPECIFY Burial 9/30/85 Loudon Park Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Leroy M. & Russell C. Witzke Funeral Homes P 1630 Edmondson Avenue, Catonsville, MD.21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

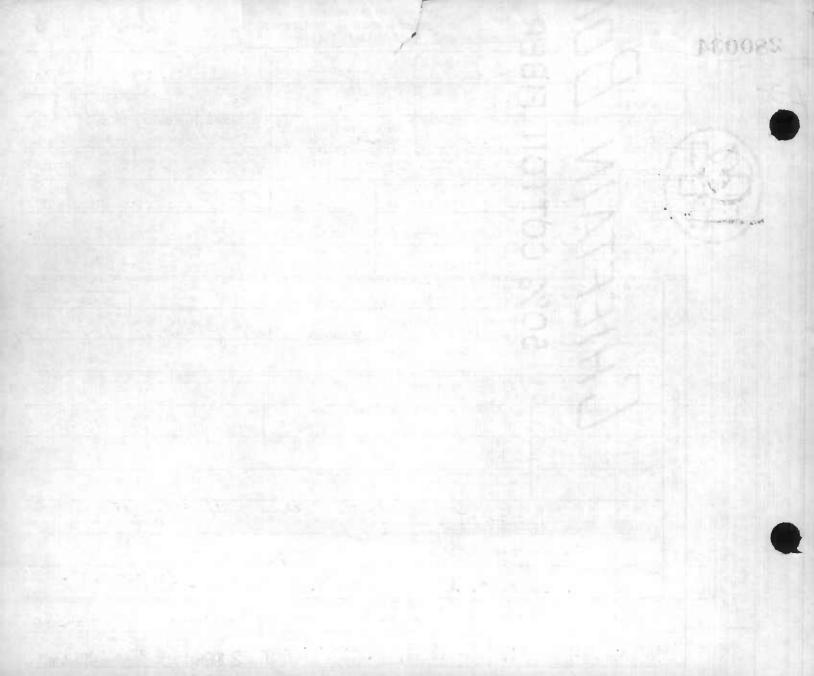
2a DATE OF DEATH

MONTH

26 HOUR

IF UNDER 1 YEAR

11 AM

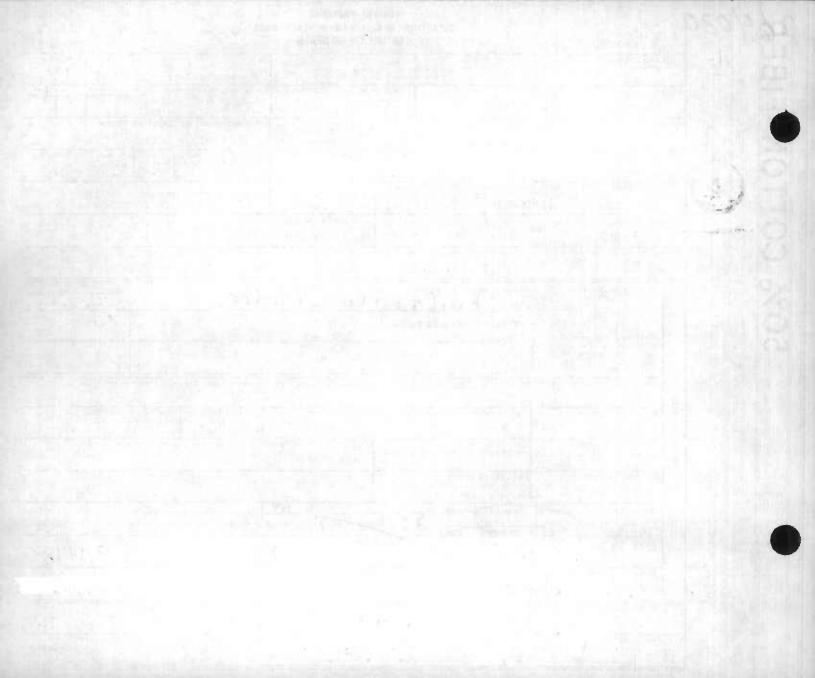


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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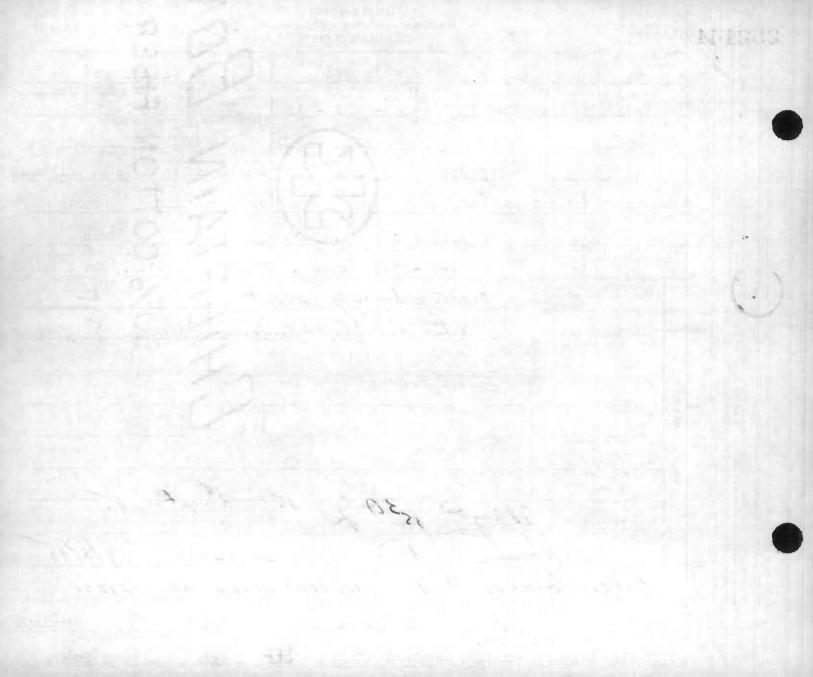
F0.E	CEASED NAME PHILI	1	WEIGHT	1,851		IN DATE OF DEATH	WORTH I	DAF TEAK	7h HOUR
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	CLAR	ENCE	FRANK	FEI	LLOWS	Septemb	er 13	, 1985	120
SE.		4. RACE		5. DATE OF BIRT	Marie Constant	& AGE INHABILATER	(HDAY)	FUNCUR LITERAL	FUNDER ZAMES
	Male	White		March :	17, 1912	73	YRS.		Transca Links
Bi	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEDER	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
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C	ITY OR TOWN OF DEATH	CF NOT IN SUC	HOSPITAL, NURSING	CHESS)	HER INSTITUTION	"First Olas	ON B MORKING LIF	D INDUSTRY	OF BUSINESS OF
	Catonsville	Summi	t Nursing	Home		Electricia	in -K	enneco	tt Coppe
Je	AL RESIDENCE IN NUMBERG HOME OF	NTY	IN CITY OR TOWN	\$136.8	NSIDE CITY LIMITS?	IJE STREET ADDRESS	ZIP CODE		
	and the second s	ltimore	Catonsvil		The state of the s	229 Glenn	nore A	venue	21228
14	THER'S NAME 1957	HODE	1401	13. M	OTHER'S MAIDEN NAM	AE MODEL		64)	V
_	Frank		Fellows		Sarah			itting	ham
		RMED FORCES?	16h SOCIAL SECURI		FORMANT	ADDRE		2.0	
	No	The state of the s	215-03-4	314	Helen Fello	ows Same	as #		SMATE PITERVAL CRISET AND DEATH
	Conditions, if any, which gave rise to immediate couse to stating the) (b)_	R AS A CONSEQUEN				*1	0	
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DHMH - 16 60M 7/84 (VRA 15, 4)



252144	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8 5	2	4 4	1 0
. m. 8		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH		Y YEAR	2b HOUR
deor deor	3 SE	JOHN	4 RACE	Н.		ILLIAUX	ACE MARKET		3 - 85	M IF UNDER 24 HRS
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dica		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS 1894	Churc	h Road
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DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR Duda-F				0	E REC'D. BY REGISTRAF	25b. REGISTRA	AR'S SIGNATI	JRE
(VRA 15, 4)	7	922 Wise Avenue	Dunda		land	21222 SE	P 5 1985	April 24 halfs	- record	andelle

STATE OF MARYLAND



70045	1 -	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	IENE 8 5	2 4 4		
76045		CEASED NAME FIRST	WIDDLE	ŁAST	20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR	
poge 3	(1117)	Raymond	Fi	tch	9	9/27/85	7:30p M	
m po	3. SE	x	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA		
ge 4		Male	White	9- 24-22 YEAR	63	YRS		
Po Por		COUNTRY	LE CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED		R COUNTY OF DEATH		
Tool See		Md.		WIDOWED DIVORCED		more County	MD.	
1 11 1/	100		1). NAME OF HOSPITAL, NURSING FIF NOT IN SUCH FACILITY, GIVE STREET A		120. USUAL OCCUPATION OF OF WORK FOR MOST CO	OF BUSINESS OR		
S 13 2 /		Towson	6701 n. Charles		Home Imp	rov. Self	Employ.	
24 hor	1.130 5	AL RESIDENCE (IF NURSING HOME OR C STATE 138 COUN	TY Balto.		13e STREET ADDRESS A	zip cobe ntucky Ave	. 21213	
The state of the s	13	George	Fitch	Kunigunde	ME	Miller		
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sictor ol.		NO. 18 CAUSE OF DEATH (Enter onl)	y one cause per line for (a), (b), and	(C)		APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH	
phy phy mpa emov emov		PART I. DEATH WAS CAUSED	BY: CAUSE (a) Respi	natony Appest				
h cer ading carba or re			DUE TO, OR AS A CONSEQUE	NCE OF				
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rn signe Then p rr to bur injury,	NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to d</u>	EATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	la .	
hos bee hos bee permit ene prio	CERTIFICATION	19a. DATE OF OPERATION	19% CONDITION FOR WHICH (DPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES -	PINGS USED ES OF DEATH?	
ysició consil Tygir	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURE	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18			
CLAIR Physical Physic	AL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA'	Y YEAR				
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otte otte s the rked	Z	WHILE NOT WHILE AT WORK	TAT HOME STREET, PACTORY, OFFICE, FA	RM, EIC /				
NDIP I or I or		220.1 certify that (1) (this haspit		9/27 85		198.5_	, that (I) (we) fast	
Sprite CTO I for of h		saw the deceased alive on above, (1) (we) (did) (did not	9/27 1 185	, and that in (my) (our) opinion (death accurred on the de	ate and have and from th	e causes stated	
OR house hou		22b. SIGNATURE .	1 Bist	DEGREE	MEDICAL STAL	- 1	SIGNED	
A TAL		111 chay	0.715	PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		27/83	
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to Hospitt etained by TO Funer, should be with the Sto		Dr. M Joyce		GBMC				
		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	ory Balte	COUNTY	Md STATE	
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DHMH - 16 60M 7/84			1 Brehms Lane	2777		25h REGISTRAR'S SIGNA	- Gandall	
(VRA 15, 4)	S	chimunek Fune	ral Home, Inc.	00	T 1 1985	(1		

STATE OF MARYLAND

· west for

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 273038 REGISTRAR REG. NO I DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINTI ESTI-JOHN ALBERT (11) DEATH MATED 22 YEARS 5EX IF UNDER 24 HRS DATE PRONOUNCED May 16 1963 Male White DEAD TE CITIZEN OF WHAT COUNTRY? THPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED UNEIGN COUNTRY) Baltimore County USA Baltimore, Md. DIVORCED [CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Assembler Essex 21221 Kinwat Court Electronics WALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS. Martin Rd. CITY OR TOWN 21221 Baltimore Maryland Essex IS MOTHER'S MAIDEN NAME Ford, Jr. John Margaret Jackson 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John A. Ford, Father Same 213 84 7047 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line to A PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION USED, 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURI YES 🗌 210. EXTERNAL CAUSE WAS TIME OF INJURY 21c HOW INJURY OCC RED (INTERNATURE OF INJURY IN ITEM 8 PART T OR PART 2) CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LAT HOME. AT WORK NOT WHILE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BALLTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an and in my apinion Suicide 3 death resulted fram: *Accident Undetermined manner Natural causes Longran 23a BURIAL, CREMATION, REMOVAL Burial Baltimore Co. Md. Sacred Heart of Jesus BP 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Funeral Home PA 1407 Old Eastern Ave (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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Perdand Shitimore Last x 945 Fartin Rd. 91221

John A. Bord, dr. Parraret Jackson

No - 215 84 7047 John A. Pord, Father Com

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256079	1	FOR STATE REGISTRAR		DEF	PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	2 4 4	1 3
oge 3		CEASED NAME FREE PRINTS Philli		WIDDLE	Ford	AST	20. DATE OF DEATH	MONTH DAY YEAR # - 4-85	26. HOUR
ge 4 mo	3. SE	x Male	4. RACE Whit	e	S. DATE O	ch 28, 1916	6. AGE (IN YEARS LAST BE	THOAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Jeoth. Po	M	IRTHPLACE (STATE OR FOREIG COUNTRY) assachusets	76 CITIZEN OF		MARRIE WIDOWE	DE DIVORCED		e County	MD
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AND 2120	13 ₀		ome or other institution COUNTY LITIMORE	13c CITY OF Balt		13d. INSIDE CITY LIMITS?		ore Road 212	12
MARYL Ompletel		ATHER'S NAME FIRST Horace	S.	Ford		May FIRST	Frances	Curri	er.
be executed on ond constant of the constant of			S. ARMED FORCES? (ES. GIVE WAR OR DATES)		4-0699	Mrs. P.H.For	addr rd 262 Stanm	ore Road 212	12
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physicion. When this certificate has been signed by the offending physicion and completely lifet in bit on the buriol-transit permit. Then please remove corbon papers. Pages and 2 shull the nethod Mental Hygiene prior to buriol, cremotion, or removal. Orked or frem 18 shows any injury, or other troumotic event, the medical examines.	TION		ch (b) te he DUE TO, G st. (c) ANT CONDITIONS C	OR AS A CONS	SEQUENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CON		10°
Mi. The low re hysicion. icote hos beer ronsit permit. Hygiene prior	CERTIFICATION	19a DATE OF OPERATION			HICH OPERATIO	n was performed	200 AUTOPSY? YES NO	206. IF YES, WERE FIND! IN CERTIFYING CAUSES YES [NGS USED S OF DEATH? NO
DING PHYSICIAN: The or other ding physicical after this certificate e os the buriol-transit oith and Mental Hygis marked or them 18 sho	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHEY MEDICAL EX. 21d. INJURY OCCURRED WHILE NOTE AT WORK	OF DEATH HOUR A AMINER) P 21e PLACE	.M. MONTH .M. OF INJURY	19 DEFICE, FARM, ETC.)	21c. HOW INJURY OCCUP	CITY OR TO	wn COUNTY	STATE
OR ATTEND Propriet of Propriet of Propriet of Propriet of Heal for use		220.1 certify that (I) (this saw the deceased all above, (I) (west-to-d) (c. 22b. SIGNATURE	ve on OCT	-	19_ 65 _, or	d that in (my) (corr opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the d	ote and hour and from the	SIGNED
TO HOSPITAL Cretoined by the TO FUNERAL D should be detoc with the Store D IMPORTANT; if			D'Donovan	III		9 E. Chas	se Street		
BP		BURIAL, CREMATION, REMO	236 DATE 9-5	-85	Greenm			re City	STATE Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director itchell-Wiede	efeld Home	6500°	York Roa		TE REC'D. BY REGISTRAR	256, REGISTRAR'S SIGNAT	

27/1111	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	24414
noy be poge 3		CEASED NAME FIRST OR PRINT) Willia	m B.	Ford	September	25, 1985 10:38a
oge 4 mo	3 SE	M	4 RACE	5. DATE OF BIRTH MONTH DAY 1917	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
death. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	County
The state of		ROSSVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVESTREET,	Josp WARE Nosp	120 USUAL OCCUPATION OF WORK FOR MOST OF RICKE CHICA	WORKING LIFE) INDUSTRY KER ANKY KIOSE
n 24 hou	130 5	13h 37.	OTHER INSTITUTION GIVE RESIDENCE BEFORE	VILL YES NO D	130 STREET ADDRESSY	ZIP CODE AVE DIE
ated with	4	THER'S NAME William	MIDILE FORD LAST	15 MOTHER'S MAIDEN NA	SOMMERS	LAST
be executed on and is. Pages		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU Z66-10-4	6	Y RECORUS	
ires that the death certifica gned by the attending phys n please remove carbonapet burial, cremation, ar remove ry, ar ather traumatic event,		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c)	monary Edema	AINAL DISEASE OF CONT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne law requiperson. has been single permit. The second to	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN: TI	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED	TH HOUR A.M. MONTH DA	Y YEAR 19 211 LOCATION		TY IN ITEM 18 PART OR PART 2)
ATTENDING PH ospital or ottend ECTOR. After this diffor use as the k it of Health and in a 21 is marked o	MEI	WHILE NOT WHILE AT WORK	tal attended the deceased from September 25	ARM ETC) STREET	to Septemble death accurred an the do	
O HOSPITAL OR efound by the h TO FUNERAL DIR should be detoch with the Stote Dep		22d PHYSICIAN'S NAME (IVPEO Keith W. Pa		ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC Klin Square	F 0.05.05
BP	(URB CREMATION, REMOVAL	9-28-85 23c N	DRKWOOD CEM	23d LOCATION CITY PROWN	, Lo COUNTY XXX STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	EVANS FUNER	n/Chapel *8800	Shorton Ro 250 DA	EP 2 7 1985	25 PER ET RYENARON THE PROPERTY

FOR
STATE
REGISTRAR

Walter Brooks Bradley, Inc. Balto., MD 21222

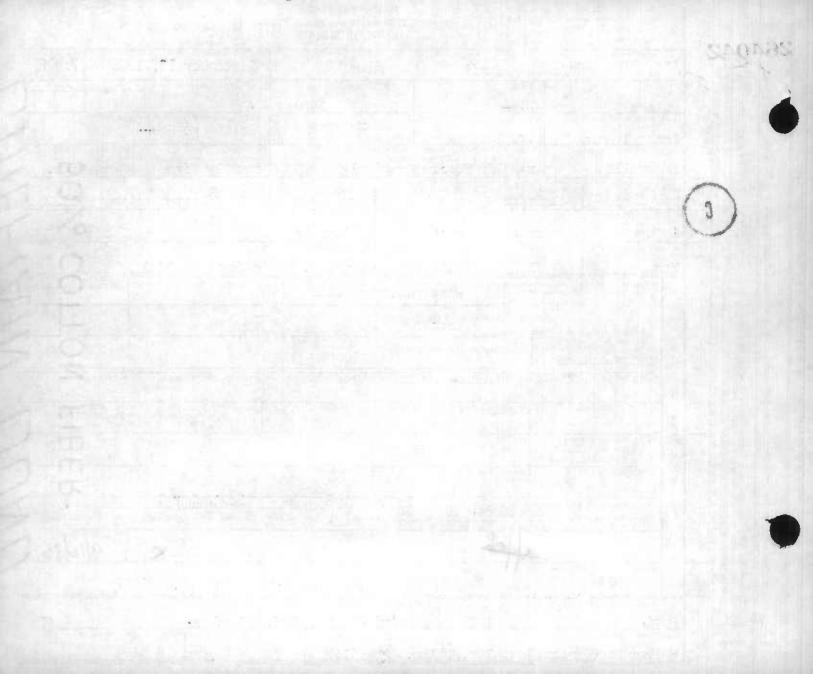
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 5

2 4 4

	REGISTRAR								REG. NO).		- 1
	DECEASED NAME	FIRST	A	AIDDLE		AST		2a. DATE OF DE			DAY YEAR	26 HOUR
1	TYPE OR PRINT)	Guy	(n	mi)	F	RED0		Septem	iber	16,	1985	7:00P _M
3	SEX	4	RACE		5. DATE C	_		6. AGE (IN YEAR	S LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	7	White		5	2. DA	1922	63		YRS	MONIHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE ORFE			WHAT COUNTRY?	8	The NEW	ER MARRIED 🗆	9 BALTIMORE		R COUNT		
4	Pennsylvania	ı	U.S.A.		WIDOWE		DIVORCED	Baltin	nore	Cour	nty	MD.
	CITY OR TOWN OF DEA		II. NAME OF	HOSPITAL, NURSIN		ROTHER	NSTITUTION	12a USUAL OC			12b. KIND C	F BUSINESS OR
1	Rossville	1		n Squire		tal		Assembly				Mfgr.
	JOUAL RESIDENCE (IF NURSI	NG HOME OF C		GIVE RESIDENCE BEFORE		124 INISID	E CITY LIMITS?	13e STREET ADD	DECC /	ZID COL)c	
•	Maryland		imore	Dundalk		YES [NO 🔀	2939 L				21222
I	FATHER'S NAME		NDD(E	FAST		15. MOTH	ER'S MAIDEN NAA		AIDDLE			
7	Guy	_	ames	Fredo		Ca	ımela		libble		Ilonia	à
1	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFOR	MANT	84-1-1	ADDRES	SS		
L	Yes		II	176.14.6	695_	Irer	e E. Fre	do (same	e as	_13e)	
Г	18 CAUSE OF DEATH PART I. DEATH W	LEnter anly	y ane cause per	line far (a), (b), and	dical							MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WA	IMMEDIATE	CAUSE (a)	Kespir	atory	Arre	est	12000				
ı			DUE TO, OI	R AS A SONSEQUE	NCE OF 1	h = 1 .						
I	Canditians, if any,	which	(b)	RAS A Cancer	OT U	ne Lu	ing					
Т	gave rise to imm cause (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF							
1	underlying cause	last.	((c)									
	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TERM	INAL DISEASE O	RCOND	DITION G	IVEN IN PART 1	a
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1	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PEI	RFORMED	200 AUTOPS	V		ES, WERE FINDI FIFYING CAUSES	
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	CO COLUER DIVERSO C		HOUR A.	FINJURY M. MONTH DA	Y YEAR	ZIE HOW	/ INJURY OCCURR	ED (ENTER NATUR	OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
	(IF EITHER NOTIFY MEDIC		P./		19						12/1/15	100
1	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHI		21e PLACE (OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCA	REET	c	ITY OR TOW	VN	COUNTY	STATE
	AT WORK AT WOR	× -			Sonta	mbar	0 05	Sept	ombo	r 16	25	
	22a I certify that & saw the decease	(this hospite	Septemb	er 16 from-	85	ember	9 19 85	. 10			19	that (we) last
	abave, (V(we) (d	id) (d)	view the body	after death			(dor) aprillari e	seam accorred o	n rne od	re and no		
	220. SIGNATURE		1/06		- 1	DEGREE	ATTENDING	MEDICAL _	STAF	F	22c. DATE	SIGNED
H	22d. PHYSICIAN'S NA	AAF HIVE OR	0000			22e ADD	PHYSICIAN [DIRECTOR [PHYSICI	IAN B	1 9	16 62
1	JE JE	HALL CAME ON						n Causa	o Dv	, ,	1227	
+		J. Lo	h, MD	122	10105) Frankli			., 4	1237	
Т	3a. BURIAL, CREMATION, I	REMOVAL	23b. DATE				OR CREMATORY	23d LOCATIO	TOWN		COUNTY	STATE
	Burial		19/20/1	985 Mea	adowri	idge 1	1em. Park	Elkri	dge			MD

DHMH - 16 60M 7/84 (VRA 15, 4)



4 FATHER'S NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

٠,	REGISTRAR		CERTIFICATE OF DEATH	REC	6. NO.		
1	I. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
ľ	Viole	et M	FROIEN		9	2 85	12:25
	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
	FEMALE	WHITE	MONTH DAY YE	6 79	YRS	MONTHS DAYS	HOURS MIN.
Ą	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	9 BALTIMORE CIT			
1	MINNESOTA	U.S.A.	WIDOWED DIVORCE	D Balto	Cour	1ty	MD
7	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION OF ADDRESS)		PATION OST OF WORKING LIE	126 KIND C	DE BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 130. CITY OR TO	WN 138. INSIDE CITY LIM	17	SS / ZIP CODE	7770	O TOWE

MAGNUSON JOHN 166 SOCIAL SECURITY NO NO OR UNKNOWN

ALMA 17 INFORMANT

15 MOTHER'S MAIDEN NAME

KRON ADDRESS

150-30-1462 CYNTHIA F. McCALLUM BALTO., MD 21

MIDDLE

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	lly one cause per line for (a), (b), or D BY; [E CAUSE (a)	MYOCARDIA	INFARCTION	BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (c)	TA SUBSTITUTE		

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRI			NO []
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE

22a I certify that (this hospital) attended the deceased fram

DEGREE MEDICAL STAFF DIRECTOR PHYSICIAN

7000 500, MD 21204

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

CREMATION 24 FUNERAL DIRECTOR

MOUNT CEMETERY

DHMH - 16 60M 7/B4 (VRA 15, 4)

E. JOHNSON8521 LOCH RAVEN

DIVISION OF VITAL RECORDS, 201



campletely filled in by the funeral

201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	5	2	4	4	-	1
	REG NO				,	,

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			
		CEASED NAME	FIRST		MIDDLE	l,	AST		HINO	DAY YEAR	2b HOUR
	(TIPE		ary	E.	llis	F	rush	September	27,	1985	м
F	3. SEX	Х		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
0		Female		Whit	te	Ju.	ly 4, 1897	88	YRS.	MONTHS DAYS	HOURS MIN.
-		RIHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR		Y OF DEATH	
)	(Maryland		USA		WIDOWE		Baltimore	Cour	nty	MD.
)	10. CI	Pikesville		(IF NOT IN SUC	HOSPITAL, NURSIN CHEACHITY, GIVE STREET Brightsic	ADDRESS)	e.	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Clerk		IFE) INDUSTRY	of BUSINESS OR catesen
)		AL RESIDENCE (IF NURSI STATE Md.	136 COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW Pikesvil	N	13d INSIDE CITY LIMITS? YES NOXX	13e.STREET ADDRESS / 122 Brig			21208
0	14 FA	Harry		MIDDLE	Sellers		15. MOTHER'S MAIDEN NAME FIRST Louisa	WE	Tā.	Pitt	inger
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	S		
Ш	No	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-09-8	160A	Mr. Harry G.	. Frush, Hag	erst	own, Ma	rvland
		Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which nediote g the	(b)_	R AS A CONSEQUE	Conge	estive Heart F				
H	7						NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GI	VEN IN PART 1	0
	ō				nosis Sev						
2	CERTIFICATION	190 DATE OF OPERAT	ION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	ES, WERE FINDI IFYING CAUSES ES	NGS USED OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	P.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART OR PART 2)	
	MED	21d INJURY OCCURR WHILE AT WORK NOT WH. AI WOR	THE	21e PLACE (AT HOME STI	OF INJURY REET FACTORY, OFFICE F.	ARM ETC)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
		270,1 certify that (I) (this hospital) attended the deceased from 19, sow the deceased alive on obove. (I) (Mar) (did not view the body after death. The Signal Child (Child Continue the body after death.) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						ui ond from the			
	22. 0	SAMUE	7	SC.	ACIA	LAME OF C	7 CHURCH	7 LANE	- 4	39411	MOREN
	230. 8	BURIAL, CREMATION, 1 (SPECIFY) Burial	KEMOVAL				emetery or crematory ul's Cemetery	Clear Spr	ing.	Wash	STATE

BP. DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR.

should be detoched for use as the burial-transit permit. Then pleo with the State Dept. of Health and Mental Hygiene priar to burial.

IMPORTANT: If hem 21 is

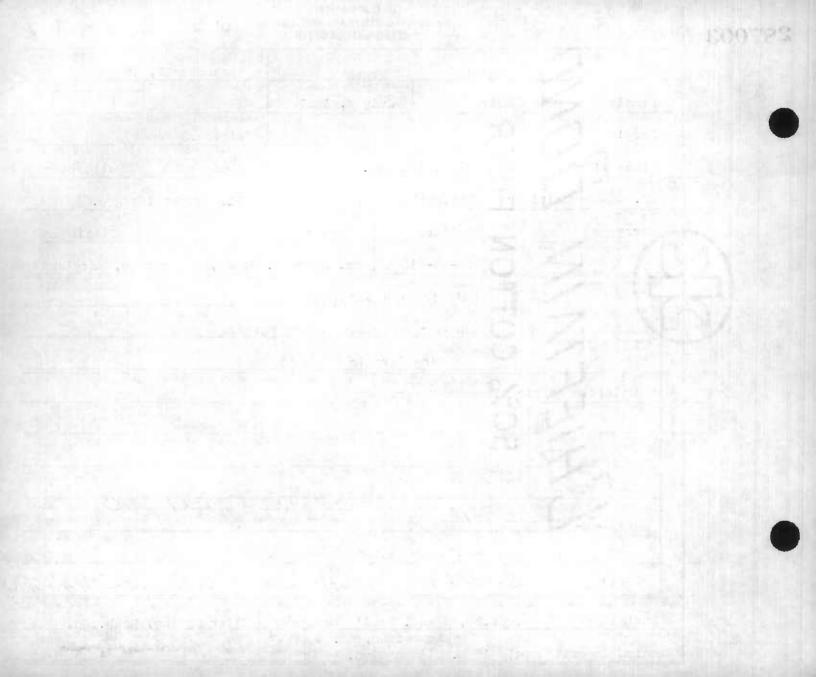
24 FUNERAL DIRECTOR

(VRA 15, 4)

Hagerstown, Md. Minnich Funeral Home, 415 E. Wilson Blvd.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Davidon Andello



FOR - STATE GISTRAR DECEASED NAME

Male

Maryland

10 CITY OR TOWN OF DEATH

Rtfssell

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Essex

(YES NON HINDWH)

130 Maryland

14 FATHER'S NAME

70 BIRTHPLACE (STATE OR FOREIGN

Joseph

Merle

White

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Hagan

Franklin Square Hospital

13Par Rvipile

166 SOCIAL SECURITY NO

212-14-3310

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

MIDDA

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic: 1

136Baltimore

GALLAGHER

TYPE OR PRINTS

1 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

March 21,1919

YES [

17 INFORMANT

MARRIED TO NEVER MARRIED

DIVORCED

NO T

Bernadine

Mrs Edras L Gallagher

15 MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

2	4
0	-
_	

20 DATE OF DEATH

66

September 14.

6 AGE (IN YEARS LAST BIRTHDAY)

REG. NO

9 BALTIMORE CITY OR COUNTY OF DEATH

Retired Taxi Driver

Baltimore County

3029 Arizona Ave

MIDDLE

IF UNDER 1 YEAR

INDUSTRY

Thompson

Same

1985

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Day	YFAD	1 26	HOLIB	_

126. KIND OF BUSINESS OR

21234

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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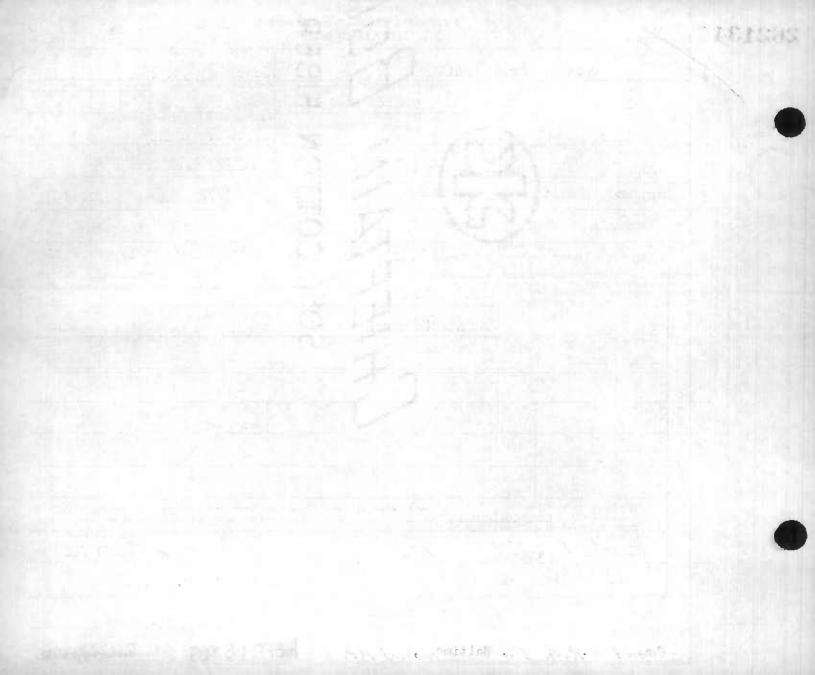
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23 a

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

TO HOSPITAL O	TO FUNERAL D	should be detoc	with the Stote D	IMBORTANT: IF
BP.				_
DHMH (V	- 1			

DUE TO, OR AS A CONSEQUE	ENCE OF			
DITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 1:0
196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO
21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY
ptember 14 198 with body ofter death.	Septem 5ond	ber 3, 19.85 d that in (Xy) (our) opinion di	_, to Septembe	ote and hour and from the couses
1	D	PEGREE ATTENDING	MEDICAL STAF	221. DATE SIGNE
, MD		9000 Frankli	n Square Di	r., 21237
9/17/85 23c.1	NAME OF CE	METERY OR CREMATORY nd Mem Park	23d LOCATION CITY OR TOWN Baltimore	e, Maryland
2	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F with the body offer death, MD b. DATE 21c. TIME OF INJURY HOUR A.M. MONTH D. P.M. HOUR A.M. HOUR A	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 21tended the deceosed from Septem Thember 14 1985 one With body offer death, MD 23c. NAME OF CE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 21c. HOW INJURY OCCURRY STREET 21c. HOW INJURY OCCURRY 19 21c. HOW INJURY OCCURRY STREET 21c. HOW INJURY OCCURRY STREET 21c. HOW INJURY OCCURRY OFFICE FARM, ETC.) 21d. HOW INJURY OCCURRY OFFICE FARM, ETC	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY OCCURRED) 21c. HOW INJ



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may b page ter dea	3. SE	X	A	4 RACE		5. DATE O	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
rector urs of		FEMALE		CAUCA		JUNE			77	YRS		HOURS MIN.
h. Pold		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MAR	RIED 🗆	9 BALTIMORE CITY	OR COUNTY O	OF DEATH	
deat thin 7		MARYLAND	TH	U.S.	A HOSPITAL NILIPSI	WIDOWE	D X DIVOR	CED	RALTIMORE			MD.
by the				(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)		TION	(TYPE OF WORK FOR MOST		INDUSTRY	STORE
in by		IKESVILLE AL RESIDENCE (IF NURS STATE	ING HOME OF	MILFO	GIVE RESIDENCE BEFO	RE ADMISSION)			BUYER		LEP STI	EINS DEP
24 hours filled in b puld be fil		ARYLAND		IMORE	BALTIMO		13d INSIDE CITY	LIMITS?	13e STREET ADDRESS 203 OLD CR		DPTVE	(21200)
within eletely (d.2.sh)	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	AIDEN NA	ME MIDDLE	OSSING	2 1457	(21210)
w bad w		RUBIN		MIDDLE	BARD		FANI			R	OTHEN	BERG
execution of the condition of the condit		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS	(2:	1208)
9 6 6	-	NO			213-01-	6531A	MRS. ROI	NNIE	FISHBONE 20	3 OLD		NG DRIVE
hysica paper laval.		18 CAUSE OF DEATH PART 1. DEATH W	H Enter or AS CAUSE	nly one couse per D BY-	line far (b), a	nd ic	MYRC	ned.	2 Jant	meha	BET WEEN O	NSET AND DEATH
certifing probangs rem			IMMEDIA	TE CAUSE (a)	NA SERVICE	HERVINS HER	7	1	3/19/	act.	au	40
Hend Hend Ian, c		Conditions, if ony,	which	DUE TO, O	R AS A COL	once	4 Ant	en	Disecco	_	54	ies.
hat the a by the a ase rema I. cremat ather tra		gave rise to imm cause (0), statin underlying cause	nediate g the	DUE 10, O	RAS A CONTO	SCU	7	0		y L	150	in
gned nipled burial ry. or		PART 2 OTHER SIGN	JIFIC ANTI	ITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	NINAL DISEASE OR CON	IDITION GIVE	N IN PART 1rd	
requirents	10 No	Chun	101	rain	syva	uso	e					
The law icion. The has be not be not permit gene pringene	CERTIFICATION	190 DATE OF OPERAT	ION			H OPERATIO	N WAS PERFORM	ED	200 AUTOPSY? YES NO NO	206. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES (GS USED OF DEATH?
physicion the physicion the construction that the construction of	-	21a ACCIDENT WAS UND		216 TIME O	M. MONTH [AY YEAR	21¢ HOW INJUR	Y OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T 1 OR PART 2)	
SSC Page 19	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINE			19	211 LOCATION			4/3930	-	
	ME	WHILE NOT WH			REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TO	DWN	COUNTY	STATE
ENDING fol ar off DR. After rr use as th Health a		22a.1 certify that	this hasp	ital) attended th	e deceased Irom	3-5		9.80			85	hat (1) we) last
2 9 5 7		saw the openie	d alum no	view the body	alter death.	85 .	nd that in (my) (au	r) apınian	death accurred on the d	late and haur i	and from the c	auses stated
DIRE POR		TA SECNATURE	116	220	Her	P		NDING _	MEDICAL STA	FF Class C	The DATE	1/8 =
N Story		224 PHYSICIAL PHY	ME ITTPE	PR PROTITION AND	T		22e ADDRESS	SICIAN	DIRECTOR DIPHISH	1	11	10)
TO HOSP referred TO FUNE should be with the S		fl- We	ra	a Us	ster		3635	010	2 Court	Koa	d	
7 9 7 3 3		BURIAL, CREMATION,	REMOVAL	23b. DATE	234	NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION		COUNTY	STATE
BP	24 51	BURIAL UNERAL DIRECTOR	TIT.	9-3-8	35 F	BETH J	ACOB	116- DAY	FINKSBUR	C CARR	OLL MA	RYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME	c pr	I COL	BALTIMORI	E, MAR	YLAND 212	215	FP 9 1985	1756 REGISTR	avidson-	Mandello
(VKA 15, 4)	30	L LEVINSON	G BI	05. 601	U REISTE	KSTOWN	ROAD	1 3	L1 3 1500	1//		

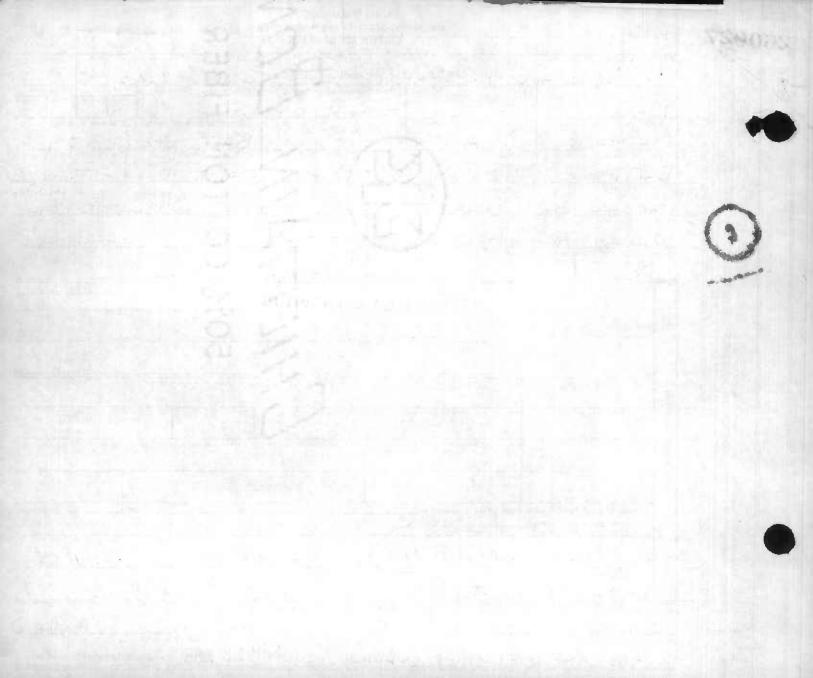
SMORISS HARFORD

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

una Daydson-Gandale



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2	54	12	>
	10 HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hour ofter didth. Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the otherwing physician and completely filling in by the funeral direction pages. Pages detacked for use as the buriol-transit permit. Then please remove corbon papers. Pages detacked for use as the buriol-transit permit. Then please remove corbon papers. Pages detacked for use as the buriol-transit permit. Then please remove corbon papers. Pages detacked for use as the buriol-transit permit.	with the slote Dept. of Health and Mental Hygiene prior to Duriol, cremotion, or removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21,201

I SE			r Cha	rles Ga;	yhard Is date o		Septem 6 AGE (IN YEARS LAST BIR	-	C 35
M	ale		Caucasi	an	May	6 1926 YEAR	59	YRS	DAYS HOURS
M	IRTHPLACE (STATE O COUNTRY) Aryland		United		MARRIED		9 BALTIMORE CITY O	R COUNTY OF DE	ATH
R	andallstown		Baltimo	re County (ADDRESS) Jeneral	Hospital	12g USUAL OCCUPATI (TYPE OF WORK FOR MOST O Meat Manager	F WORKING LIFE! IND	KIND OF BUSINESS JUSTRY Parm Fresh
13a S	AL RESIDENCE (IF NU STATE Aryland	136 COUNTY Baltim	1	13c. CITY OR TOW Baltimor	EADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 8605 Kratz	ZIP CODE	21207
11	ATHER'S NAME FIRST Cayha		DDLE	tAST		15. MOTHER'S MAIDEN NA. Dorothy (Fro	111000		LAST
- (WAS DECEASED EVE (YES NO OR UNKNOWN)	R IN U.S. ARME		16b SOCIAL SECU 220-14-1		17 IN Mrsya Mary Car 8605 Kratz L		altimore	21207 Marylar
3	PART I. DEATH	IMMEDIATE	BY: CAUSE (o)	COLAN	VARY	AKTERY	DISEASE	-	APPROXIMATE INTERVALET WEEN ONSET AND DE
	Conditions, if on gove rise to ir couse (a), state underlying cou	my, which mmediate ting the se lost.	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) NDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D CHLONIA	DEATH BUT	ALTERY NOT RELATED TO THE TERM STRUCTOVE N WAS PERFORMED	ninal disease or con	DITION GIVEN IN 12 OF 1206. IF YES, WERI	YRS
CERTIFICATION	Conditions, if on gove rise to ir couse (o), stoll underlying cou	IMMEDIATE IN IMMED	DUE TO, OI DUE TO, OI (c) NDITIONS CO 196. CONDI	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE CHACON ITION FOR WHICH DE INJURY M. MONTH DA	ENCE OF ENCE OF DEATH BUT OPERATION	NOT RELATED TO THE TERM	NINAL DISEASE OR CON 200 AUTOPSY? YES NOT	DITION GIVEN IN I	PART 110 IS CASE E FINDINGS USED CAUSES OF DEATH:
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DHMH - 16 60M 7/84 (VRA 15, 4)

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integral Lion	ricO allivimi	S Musi.	.015	10110	igelie Caralia Lavana	S Brillyou	Actual Franklikers

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I. DECEASED NAME 2b. HOUR 85 Celestine Alsobrook 17 Getz 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Sept. 15, 1904 White Female BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED Baltimore, County DIVORCED Maryland U.S.A. WIDOWED HO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY St. Josephs Hospital Towson Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 8720 Emge Rd. Maryland Baltimore Towson 21204 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Fehlbaum George Annie Schenk 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO OR UNKNOWN) 21204 LIE YES, GIVE WAR OR DATEST 215-10-9210B Mr. James Alsobrook 1610 28 Alleghany Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Astenoscieroni Cardio-Vascular deseues 18 CAUSE OF DEATH (Enter only one couse pay line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF amytamia win probable Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF, THAYENMON couse (0), stating the myocardia PART 2. OTHER SIGNIFICANT CONDITIONS CONTINUITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 🖟 🛚 Imance Hemilis and Circulating Anticocch CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOV YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinian death accurred an the date and four and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED R.M. Shah. M.D ATTENDING MEDICAL 9117185 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS IMPORTA Dr. Rameshcha 8507 Liberty Rd 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 1SPECTemation Westview Cemetery Balto. Balto. MdATE 9-18-85 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Leonard J. Ruck, Inc. 5305 Harford Rd,

WINGSON ALL

STATE OF MARYLAND

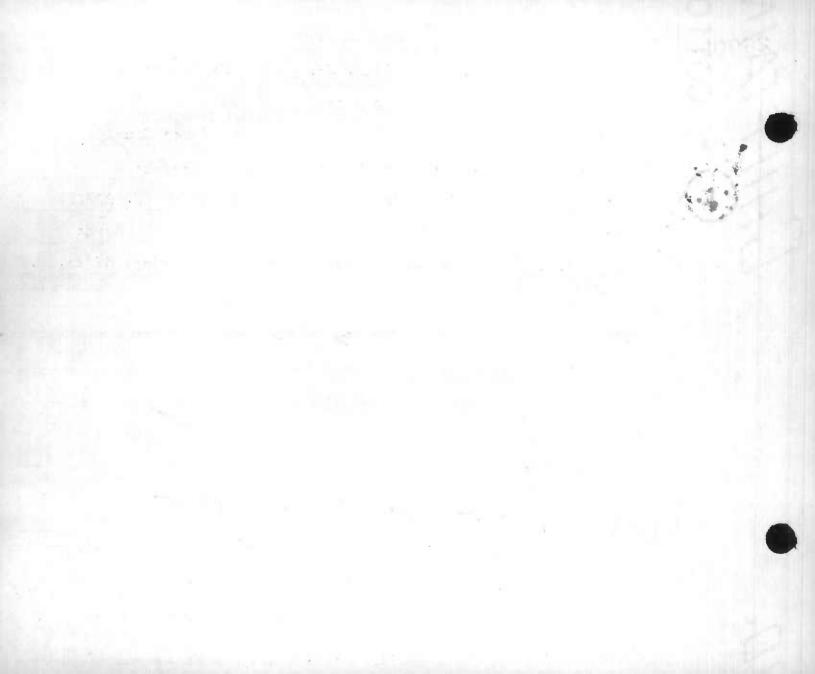
tept. 15, 190v Elemen, House 100 Mgc C C Cost C . 30 .0812 .br. wars OSTA = x consol growleled malgral Onorge Solution Annie Solution 215-10-22103 Mr. Shence Alusbrook 1610 28 Allerman Ave And transfer the control of the cont (remetion 1-13-85) | hustview Cometan) | Nolico. | Falto. | PK.

Louis, J. ve., E.c. maddellamord Ec,

Eline Funeral Home Reisterstown, Md

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	REGISTRAR DECEASED NAM	Hele	FIRST		DICAL EXAMIN MIDDLE rginia	Gilles	CATEOF	2a DATE KN OF I DEATH M	ESTI-	ONTH DAY YEAR 76
W 1155	male	4 RACE Whit	5. D	ATE OF BIRTH	6. AGE (IN YE LAST BIRTHD.	ARS IF UNDER 1 YR.	HOURS M		140	NTH DAY YEAR 2d
M COMP	BIRTHPLACE (FOREIGN COUNTRY) Maryland			U.S.A		MARRIED N	DIVORCED	Balt	imore (County
8/00	Lutherv	ille		204 Rot	PITAL, NURSING HOME CHITY, GIVE STREET ADDRESS) hwell Drive VERESIDENCE BEFORE ADMISSI	9	UTION 12	for Most of Workin Office Mar	ig. Cons	ORK 12b. KIND OF BUSIN OR INDUSTRY Stuction Com
)5 13a	Maryland	Mc	county		Wheaton	13d. INSIDE YES		2912 Hard	dy Ave.	20902
4	Willia	m	J.		Bayne	E	HER'S MAIDEN	NAME S	ADDRESS	Schneider
210	(YES NO, OR UNKN		U.S. ARMED I YES, GIVE WAR C		16b SOCIAL SECURIT 218-12-419			B. Dougla		e as #13e
	gove (ons, if ony, ise to imm o) stating the use last.	, which mediate	(b)	Acute Myoc as a consequence ASCVD as a consequence	OF	/			2 YRS
A COMON	gove recouse (course (course (course (course (course))))))	ise to imm) stating the use last.	, which mediate a under-	(b) DUE TO, OR (b) DUE TO, OR (c) CONTINUE TO DEATH	AS A CONSEQUENCE	OF AINAL OISEASE OR CONDITI	ION GIVEN IN PART 1			2 YRS
STATE CONTROL AND IN	gove r couse (c lying co	ise to imm s) stating the use last. GIGNIFICANT (OF F OPERATIO TAL CAUSE V G	which mediate e under: NOTIONS CONTR DN WAS	DUE TO, OR (b) DUE TO, OR (c) 19b CONDIT 21b TIME OF HOUR A.M.	AS A CONSEQUENCE ASCVD AS A CONSEQUENCE OF THE TERM FROM FOR WHICH OPER FINJURY MONTH DAY YEAR 19	OF AINAL DISEASE OR CONDITI RATION WAS PERFO R 21c. HOW INJUR	ION GIVEN IN PART 1		y in item 18 part 1	20 AUTOPSY? YES \(\sqrt{N} \)
ASSOCIATION ASSOCIATION	PART 2 OTHER 190 DATE O 210 EXTERN UNDERLYIN CONTRIBUT 21d INJURY	ise to imm s) stating the use last. GIGNIFICANT (OF F OPERATIO TAL CAUSE V G	which mediate e under. NOTIONS CONTR ON WAS USE OF DEAT	DUE TO, OR (b) DUE TO, OR (c) 19b CONDIT 21b TIME OF HOUR A.M P.M 21e PLACE C	AS A CONSEQUENCE AS CVD AS A CONSEQUENCE DUT NOT RELATED TO THE TERM TION FOR WHICH OPER INJURY MONTH DAY YEAR	OF AINAL DISEASE OR CONDITI RATION WAS PERFO 21c. HOW INJUR	ION GIVEN IN PART 1	10.		20 AUTOPSY? YES \(\sqrt{N} \)
Marrie a certaina	PART 2 OTHER 190 DATE OF THE STATE OF THE ST	F OPERATIO AL CAUSE V GOVERNMENT OCCURRED NOT WH AT WORN	which mediate e under: NOTIONS CONTR ON WAS JSE OF DEAT HILE	DUE TO, OR (b) DUE TO, OR (c) 180/1116 10 DEATH 196 CONDIT 216 TIME OF HOUR A.M. P.M. 21e PLACE C. STREET, FACT	AS A CONSEQUENCE AS CVD AS A CONSEQUENCE BUT NOT RELATED TO THE TERM FION FOR WHICH OPER EINJURY MONTH DAY YEAR TOP INJURY (AT HOME, 100Y, PARM, ETC.)	OF AINAL DISEASE OR CONDITI RATION WAS PERFO R 21c. HOW INJUR 21f. LOCATION STREE!	ION GIVEN IN PART 1 ORMED? RY OCCURRED	ENTER NATURE OF INJUR CITY OR TOWN Inquiry Undetermined mont	ond in r	20 AUTOPSY? YES N OR PART 2) COUNTY my opinion
	PART 2 OTHER 190 DATE OF THE STATE OF THE ST	F OPERATIO F OPERATIO AL CAUSE V G OR ING CAU OCCURRED NOT WH AT WORN hify that I too	which mediate e under: NOTIONS CONTR DN WAS JSE OF DEAT HILE K ok chorge of 1	DUE TO, OR (b) DUE TO, OR (c) 180/1116 10 DEATH 196 CONDIT 216 TIME OF HOUR A.M. P.M. 21e PLACE C. STREET, FACT	AS A CONSEQUENCE AS CVD AS A CONSEQUENCE BUT NOT RELATED TO THE TERM FION FOR WHICH OPER EINJURY MONTH DAY YEAR TOP INJURY (AT HOME, 100Y, PARM, ETC.)	OF AINAL DISEASE OR CONDITI RATION WAS PERFO R 21c. HOW INJUR 21f. LOCATION STREE!	ION GIVEN IN PART 1 ORMED? RY OCCURRED Inspection Inicide	LENTER NATURE OF INJUR CITY OR TOWN	ond in r	20 AUTOPSY? YES N OR PART 2) COUNTY my opinion DATE KGNED

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1,	REGISTRAR			4214111	TENTE OF BENTH	REG. NO.			
	ECEASED NAME FIR		AIDDLE		AST	20 DATE OF DEATH MO	ONTH DAY	YEAR	26 HOUR
1,1	PE OR PRINT) MARTHA	Hepbron	Gi	indle	sperger	SEPT. 16,	1985		EAD/3
3. S		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHD		ERIYEAR	IF UNDER 24 P
1	FEMALE	WHIT	Ξ	Janu	ary 5, 1911	74	YRS		HOURS N
70.	BIRTHPLACE (STATE OR FOREK		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY OR			
Ma	aryland	U.S.	A.	WIDOWE	**	BALTIMORE	COUNTY		
10	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPATION			F BUSINESS
L	DUNDALK		MIRAL BOU		RD	Payroll Cle		oustry eder	al Gov
	JAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, COUNTY ALTO.	13c, CITY, OR TOWN		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE	-	
1	MARYLAND B	ALIO.	DUNDALK	10	YES NO X	21 ADMIRA	L BLVD.	21	.222
117	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		1.45	7
V	Unknown		Smith		Eva	Elizabetl	h C	olli	ns
160	WAS DECEASED EVER IN U		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	P.O. BOXES	881283		80488
	NO (IF	YES GIVE WAR OR DATES)	212/22/0	437	Anne E. Maze	o Steamboat	Plaza.	Col	orado
	18 CAUSE OF DEATH (ET	nter anly one couse per	line for (a) (b) and	101.1 A					MATE INTERVAL
	PART I. DEATH WAS C	AUSED BY:	Chadia	Pus	Immer a	nest			7
	IMM	NEDIATE CAUSE (a)						- 10	2
	Conditions, if any, whi		RAS A CONSEQUEN	man .	0.1/20	mr			
	gove rise to immedia	ote	70					170	
	cause (0), stating to underlying cause la	DUE TO, OI	R AS A CONSEQUEN	NCE OF					
	DADI O OTHER SICANES	(5)	ANTERIOR TO DE	EATH BUT	NOT RELATED TO THE TERM	INIAL DISEASE OR CONDU	1001 00/51 101	DADT 1	
Z	PART 2 OTHER SIGNIFIC	ANI CONDITIONS CO	I III	et /	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	ION GIVEN IN	PARI III	,
4 E	190 DATE OF OPERATION	196 COND	TION FOR WHICH C	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	Ob IF YES, WER	RE FINDIN	VGS USED
CERTIFICATION	The Balle of Greathier	17.00		, , , , , , , , ,			N CERTIFYING YES		
1 8	210. ACCIDENT WAS UNDERLY			VCAS	214 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	NITEM 18 PART I O	RPART 2)	
AL	OR CONTRIBUTING CAUSE	OFDEATH	M. MONTH DAY	1 TEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION				
W	WHILE NOT WHILE [TAT HOME STE	EET FACTORY, OFFICE FAI	RM ETC)	STREET	CITY OR TOWN		NINDO	STAT
	220.1 certify that (1) (this		e_deceased fram		nd 19, 19 85	_, to begit	195		that (1) (we)
	saw the deceased al	did not view the bady	otter death	2	nd that in (my) (aur) apınıan (death accurred at the date	and hour and f	from the	causes state
	22b. SIGNATURE	1 /	and death.		DEGREE		2	2c. DATE	SIGNED
	Swar	1) ann	11		MI) ATTENDING PHYSICIAN F	DIRECTOR PHYSICIA	NU	9/	18/85
1	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	V	1136	22e ADDRESS			1	1
	Sulver	1) 1601	1 bera	M/)	Wenned a	ats sly			

23¢ NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If hem 21 is should be detached for with the State Dept. of

230 BURIAL, CREMATION, REMOVAL

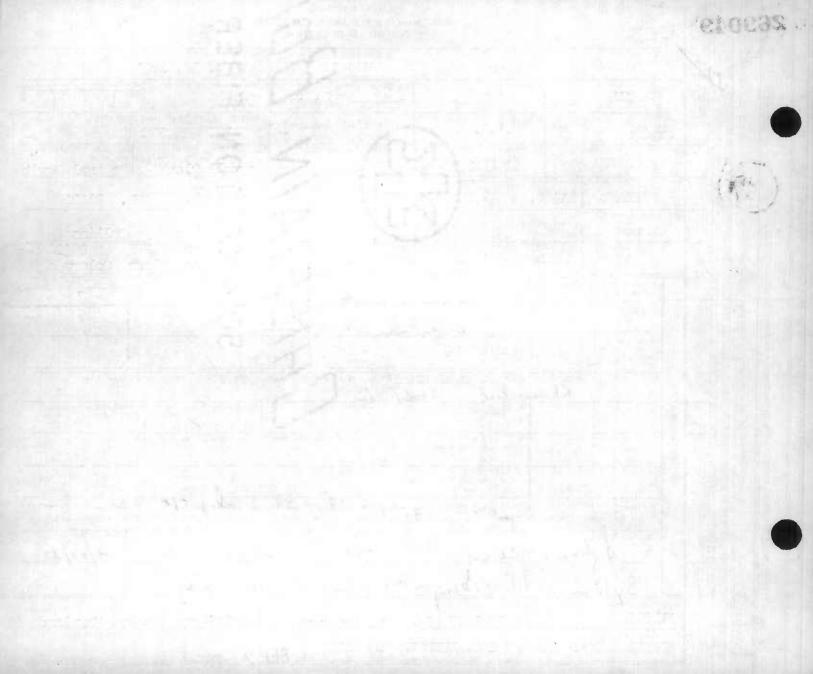
BURTAL

24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY INC. DUNDALK MD 21222

236 DATE

23d. LOCATION OF COUNTY STATE

Baltimore County, Maryland 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



Female

TO. BIRTHPLACE (STATE OR FOREIGN

OCITY OR TOWN OF DEATH

Towson

Richard

Conditions, if any, which gove rise to immediate

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I, DEATH WAS CAUSED BY.

MYRTLE

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. COUNTY
137. CITY OR TOWN

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one cause per ling for tai, (b), and ich

White

76. CITIZEN OF WHAT COUNTRY?

USA

St. Joseph's , Hospital

Simpson

Balto.

166 SOCIAL SECURITY NO.

267 24 2398

M.

(TYPE OR PRINT)

COUNTRY)

MD

4 FATHER'S NAME

No

LYES NO OF UNKNOWN)

MD

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

July 25, 1908

MARRIED NEVER MARRIED

DIVORCED

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Lillian

William L. Simpson

YES NO

17. INFORMANT

LAST

GINGHER

WIDOWEDX

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

5. DATE OF BIRTH

CERTIFICATE OF DEATH

8	5	2	4	***************************************	2	
	DEC NO					

3604 Rexmere Road, 21218

26 HOUR

126 KIND OF BUSINESS OR

Retail

Campbell

Towson, MD 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Lambourne Rd.

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

(TYPE OF WORK FOR MOST OF WORKING LIFE) Salesperson

13e.STREET ADDRESS / ZIP CODE

MIDDLE

20. DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

77

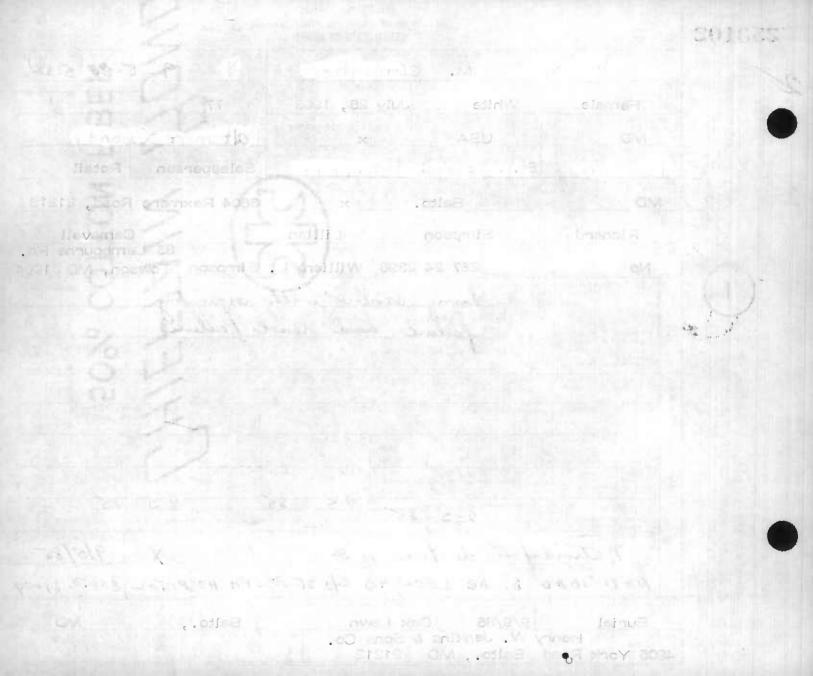
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	SIC	Cer	ent
	H	200	2
	The P	the state	ouc
	Z °	os a	th
	PITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may by the hospital or attending physician.	-ERAL DIRECTOR: After this certificate has been signed by the offer of a position and company filled in by the funeral direction. Fage 3 be detached for use as the buriol-transit permit. Then please remove concentrations in a hould be filled with m72 hours offer death	State Dept of Health and Mental Hydrene prior to burial, cremation at remarkal
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	Y A	A P	101
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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retained by the haspital or attending physician.		should be detached for use as the burial-transit permit. Then please remove in	with the State Dept of Health and Mental Hygiene prior to burial, cremation, and	IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony injury, or other troumetre	729
ΛH (V	- 10 RA	5 6	OM	7/	B4
(V	RA	15	, 4)	
4.				,	

		cause (a), stating the underlying cause last	DUE TO, OR A CONSEQUENCE OF	121		9.5	
	ATION	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 1(a	
2	5	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES []	
1	CAL CERTII	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TO		STATE
		22a.l certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did nat) vi	9-5 19 85 01	9-5 19 85 and that in (my) (our) apinian de	, to eath accurred an the do	9-3, 19 <u>85</u> , tha ate and have and from the cau	
		Mationdy	/ D. de Leon :	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF DATE SK	185
		NATIVIDAD	D. DE LEON, M.	C/o ST. JOS	EPH HOSE	ITAL BALTO	2/201
		Burial	9/9/85 Oak La		23d LOCATION CITY OF TOWN Balto.,		STATE
	24 FU	PO5 York Read	W. Jenkins & Son Balto., MD 212	CEL	REC'D. BY REGISTRAR 6 1985	256 REGISTRAR'S SIGNATURE	delle

DHA



- STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REG. N	10.				Sv-
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
		09	28	85		A
	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNE	DER I YEAR	IF UNDER	24 HRS
2	82	MDA	MONTH	DAYS	HOURS	MIN.

WHITE

SADIE

USA

MIDDLE

MARRIED NEVER MARRIED DIVORCED T WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

GOFFRON

5 DATE OF BIRTH

BALTIMORE COUNTY 120 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE) T HOME

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR INDUSTRY

CITY OR TOWN OF DEATH TOWSON

MARYLAND

GBMC 6701 N. CHARLES OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

LAST

134 INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE

FIRST

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

IMMEDIATE CAUSE (a)

4 RACE

166 SOCIAL SECURITY NO

RESOIRATORY ARREST

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Canditians, if any, which gave rise to immediate cause tot, stating the underlying cause lost

90 DATE OF OPERATION

23a BURIAL, CREMATION, REMOVAL

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF BREAST CANCER

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY

220.1 certify that (1) (this hospital) attended the deceased fram.

YEAR

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OF TOWN

20n AUTOPSY?

IN EITHER NOTIFY MEDICAL EXAMINER 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE

21f LOCATION

10 85

COUNTY STATE

saw the deceased alive an 9/28 abave, (I) (we) (did) (did not view the body after death 22b. SIGNATURE

DEGREE

and that in (my) (aur) apinian death occurred an the date and have and from the causes stated 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

C. HOGGE M.D.

23b DATE

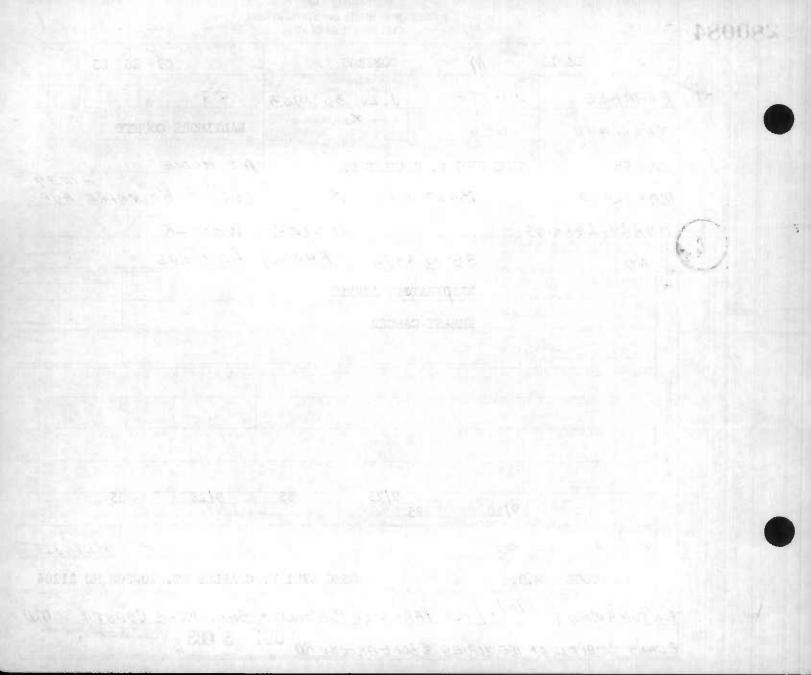
KWOOD MAUSOLEUR

231 NAME OF CEMETERY OR CREMATORY

GBMC 6701 N. CHARLES ST. TOWSON MD 21204

ENTUMBMEN 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)



266092

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						REG. N			
DE	CEASED NAME FIRST	A	AIDDLE	LA	st	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	DR. J	TUTE		GOLDB		SEPTEMBER		1985	10:45
SE		4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
1	FEMALE	TIHW	E		R. 10, 1925	60	YRS		
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
	MARYLAND	USA		WIDOWED		BALTIM			M
	BALT IMORE	1 SLA	DE AVE.,	APT.	ROTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF PROFESSO	FWORKING		
	AL RESIDENCE (IF NURSING HOME COL		GIVE RESIDENCE BEFORE A		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP COI	DF	
	MARYLAND BAI	TO.	BALTIMOR	_	YES NO	1 SLADE A	VE.,	APT. 1:	10 #212
F	THER'S NAME FIRST SIMON	MIDDLE	LDBERG		15 MOTHER'S MAIDEN NAM ANNA	WIDDIE		HANKI	AST
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT MRS	BERNICE RE	JULES	S	4.7
-	NO	IVE WAR ON GATES]	219-12-8	377	3420 WOODVAL	LLEY DR.	BAL	TO., MD	21208
			R AS A CONSEQUEN	JCE OF		7		1	
20	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OF	R AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION	GIVEN IN PART I	l o
IFICATION	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUEN	NCE OF		INAL DISEASE OR CON 20e AUTOPSY2 YES NON	20b. IF Y	GIVEN IN PART I	INGS USED
	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (18 ETHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	DUE TO, OI (c) 19b. CONDITIONS CC 19b. CONDITIONS CO	R AS A CONSEQUEN ONTRIBUTING TO DE TION FOR WHICH C FINJURY M. MONTH DAY M.	DPERATION Y YEAR		200 AUTOPSY2 YES NO	20b. IF Y IN CER	TES, WERE FIND TIFYING CAUSE YES [INGS USED S OF DEATH?
	gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION 21e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE ATWORK ATWORK 22e, I certify that (I) (this hass saw the deceased alive of stating in the country of the country o	DUE TO, OF CONDITIONS	AS A CONSEQUENTION FOR WHICH CONTRIBUTING TO DE TION FOR WHICH CONTRIBUTING TO DE TION FOR WHICH CONTRIBUTING TO DE TION TO TI	PEATH BUT IN COMPANY YEAR 19 RM. EIC 1	21c HOW INJURY OCCURR	20e AUTOPSY? YES NO CED (ENTER NATURE OF INJUITY OR TO	20b. IF Y IN CER'	VES, WERE FIND TIFYING CAUSE YES B PART I OR PART 2) COUNTY	SINGS USED SOF DEATH? NO STATE
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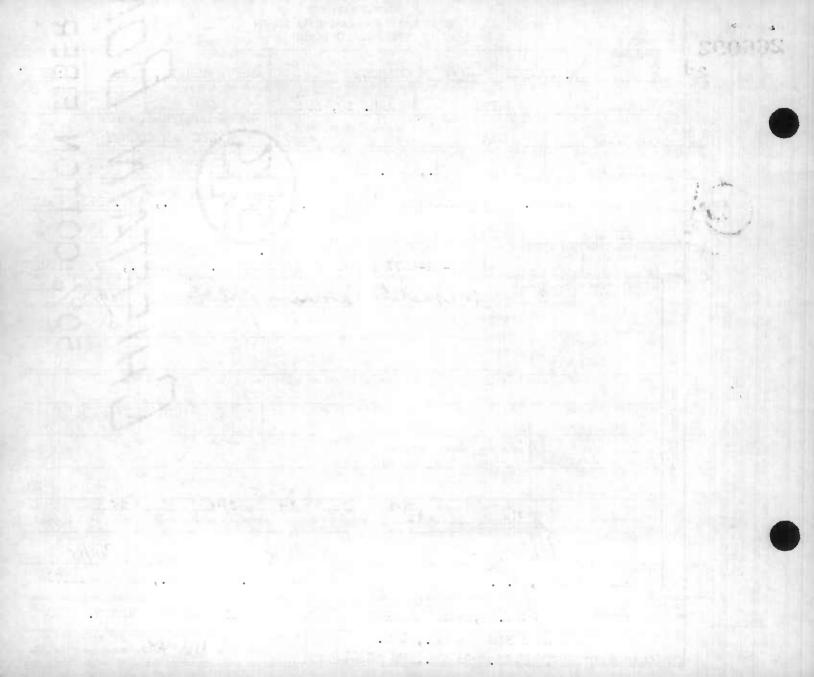
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept, of Realth and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony



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FOR STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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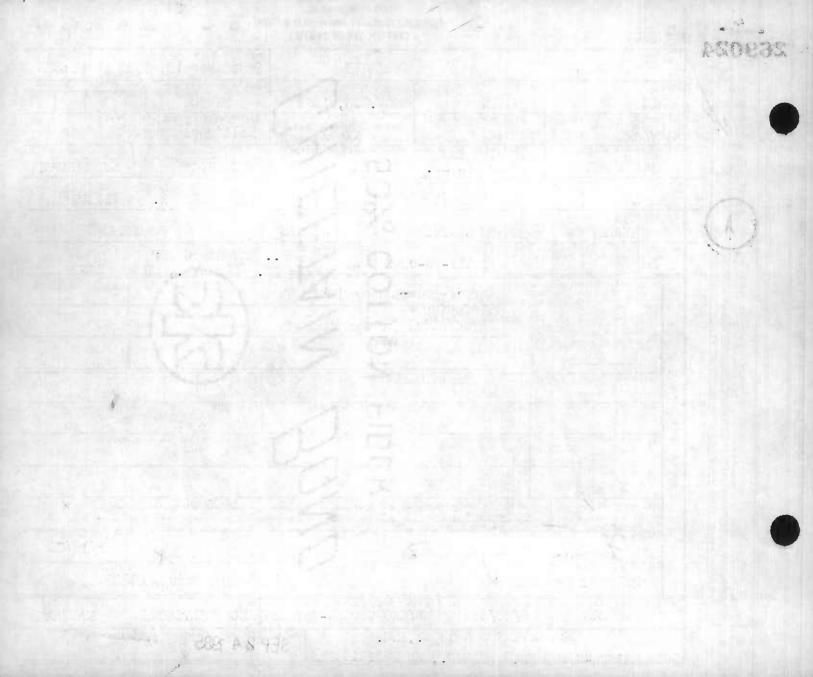
1	REGISTRAR		CERTIFICATE OF DEA	REG.			
1	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH			26 HOUR
	Joseph		GOLDSTEIN	September	18, 19	85	9:30A _M
1	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE JIN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE	NOV. 25, 189		YRS		
1	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVERMARE	9 BALTIMORE CITY			41.1
2	MARYLAND	USA	WIDOWED XX DIVOR	Dal Cillor		У	MD.
1	BALTIMORE	11. NAME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET A FRANKLIN SQ. I	ADDRESS)	12a USUAL OCCUPA (TYPE OF WORK FOR MOS MECHANIC	TION OF WORKING LIFE)	INDUSTRY	MOTIVE
3	OSUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY ISC. CITY OR TOWN BALTIMO	RE 13d INSIDE CITY L	☐ 4729 MEIS	ZIP CODE E DR.	#2120	06
Ó	ATHER'S NAME FIRST RUB IN	GOLDSTE IN	JEN JEN	INIE MIDDLE	U	NKNOWÑ	
)	160 WAS DECEASED EVER IN U.S. AR	1037 + 0 00 0 + 141 3)		MR. RAYMOND	GRUPP		
	NO	215-03-	0243 4729 MEI		O. MD		206 MATE INTERVAL DNSET AND DEATH
9	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	aly ane cause per line for 101, ibs. age Cardio-pul TE CAUSE (0) Interior DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF DEATH BUT NOT RELATED TO		20b. IF YES,	WERE FINDIN	IGS USED
-	R 1 FIG	The Table Of Publish	21. 110.000 10.11110	YES NOX	YES	ING CAUSES	NO [
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED WMILE NOT WHILE ALWORK ALWORK		19 211. LOCATION	OCCURRED (ENTER NATURE OF IN	Katha.	COUNTY	STATE
	22a I certify that X (this hosp saw the deceased alive an	stal) attended the deceased from September 18 19	eptember 14, 185, and that in (aur		date and hour o		that 🗶 (we) last
	226 SIGNATURE	Haypour	PHYS	NDING MEDICAL ST LICIAN DIRECTOR PHYS	AFF ICIAN D	22c. DATE S	18/85
	Thomas Lam	1.1.	9000 Fra	nklin Square D	rive, 2	1237	
	23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	9/20/85 M		TH ISRAEL TO BAT	TIMORE	COUNTY M	ARYLAND
100	24 FUNERAL DIRECTOR SOL	LEVINSON & BROS.		SEP 2 4 1985	R 256. REGISTR	A COURT OF SOME	TRE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1
DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH DAT	20 11000
JAMES	Aloysius	GOLDEN	96	85 1155
3. SEX 4. R	ACE	5. DATE OF BIRTH		UNDER I YEAR # UNDER 24 HRS
MALE	White	OU OU IU	71 YRS. MO	NTHS DAYS HOURS MIN,
	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore County	y MI
0 CITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL NURSIN	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126, KIND OF BUSINESS OF
Baltimore	ERRING PARKY	A	Production Dep	Westinghou
JSUAL RESIDENCE (IF NURSING HOME OR OTH 38. STATE 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
Maryland Balti		YES NO 1	2821 Hoffman Rd.	21227
FATHER'S NAME	ALST LAST	15. MOTHER'S MAIDEN NA		
	oseph Golde	en Winifre	ed	Kühn
60 WAS DECEASED EVER IN U.S. ARMET		IRITY NO. 17. INFORMANT	ADDRESS	21212
(IF YES, GIVE WA	215-10-9	303 James J. Gol	lden 1008 Woodson	Rd. Apt. E
18 CAUSE OF DEATH (Enter only o	ne coura par line for (a) (b) an	duest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED B	BOA	N INFARCT		
	(c) CONTRIBUTING TO			V IN PART Ito
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	t (OR PART ?)
OR CONTRIBUTION C CASS OF BEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AL WORK AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
220 I certify that (I) (this haspital) saw the deceased alive an abave, (I) (we) (did) this not) vi	9-6 190	, ond that in (my) (our) opinion		that (I) (we) lo
27h SIGNATURE	MM MB		MEDICAL STAFF DIRFETOR PHYSICIAN	221. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE OR PR		74 OO U C	1 70 1	
Celiar Parra,	Μ. υ.	7100 Harfor	d Koad	
30 BURIAL, CREMATION, REMOVAL	236. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
(SPECIFY) Burial	9/10/85 No	ew Cathedral Cemet	ery Baltimore	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remaval

24 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld

6500 York Rd.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
STATE	CERTIFICATE OF REAL

TAL HYGIENE CERTIFICATE OF DEATH

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	1								REG. NO).			
V		CEASED NAME	FIRST		IDDLE		AST		100	HINON	DAY YEAR	2b HO	
		M.	ARIAN	I		GO	OD		SEPTEMBER	28,	1985	6:4	5AM
	3. SEX		4.1	RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DATS	HOURS	MIN.
	the same	FEMALE		LIHM	ĽΕ	MAY		913	72	YRS.			
4		RTHPLACE (STATE OF F	FOREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8 MARRIEI	X NEVER MAI	RRIED 🗆	9 BALTIMORE CITY O				
1		MARYLAND		U.S.		WIDOWE	DIVO	RCED 🗌	BALTIMO		OUNTY	,	MD.
2		RANDALLS		MERII	OSPITAL, NURSIN	IG HOME C		ИОПТ	HOMEMAK E		FEI 126 KIND (INDUSTRY HOM)		IESS OR
7	112- C	RYLAND	BALT		GIVE RESIDENCE BEFORE 13c. CITY 1234		13d INSIDE CITY	LIMITS?	13e STREET ADDRESS /			RD.	21234
è	14 FA	THER'S NAME	MID	DIE	1241		15. MOTHER'S M					6.7	
g	1	JESSIE	Mile	F	ROBERTSO	N	LEL	LA	MIDDLE		BAH	KER	
3	16a V	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	55			
		NO UNKNOWN)	(IF 1£3, GIVE W	2	213-20-3	3320	ROBERT	E. D	uVALL2117	HAM	PTON (CT.	21047
	77	18 CAUSE OF DEAT	H (Enter only o	one couse per l	line for (a), (b), on	dic				mr.	APPRO) BETWEEN	KIMATE INT	ERVAL ID DEATH
-	10	PART I. DEATH W	AS CAUSED B		CO	P	<i>'</i>				X	25	,
٩		WED B			AS A CONSEQUE	ENCE OF	1815	4					5
		Conditions, if any,		(b)	NO A COMOLOGO								
		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
		underlying couse	lost.	(c)									
		PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	INTRIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	ITION GIV	VEN IN PART 1	0	
	CERTIFICATION												
	ICA	190 DATE OF OPERA	TION	196 CONDIT	TION FOR WHICH	OPERATIO	WAS PERFORM	ED	200 AUTOPSY?		S, WERE FINDI FYING CAUSES		
	RTIF					- 15		1.00	YES NO		s 🗌	NO	
		OR CONTRIBUTING		HOUR A.A	A, MONTH DA	AY YEAR	TIC HOW INJU	RY OCCURRE	ED (ENTER WATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
1	ICA	(IF EITHER NOTIFY MEDI	CAL EXAMINER)	P.A		19							
	MEDICAL	21d INJURY OCCURI		21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION		CITY OR TO	VN	COUNTY		STATE
Я		AT WORK AT WO	RK				3	3-	<u> </u>	-	155	-	
		22a I certify that		9/1/		571	J 4h - 4 in 12 (n)	19			19		(we) last
ä		saw the decease above ((we) (c	did) (did no) v	iewalle body	ofter death	-		n j opinian o	eath accurred on the do	re ond not			
Н	40	226. SIGNATURE		+ MA	Ton	2 11	ATT	ENDING 1	MEDICAL _ STAF	F	22c. DATE	12 2	101
7		224 BHYSICIAN'S N	ALLE LIVE OF DE	100%	111/2	200		SICIAN J	DIRECTOR PHYSIC	IAN 🗌	1//	20/	00
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_	22					14115		FALL		UTZAT	الا تابلا	21-0	044
		BURIAL CREMATION.		23b. DATE			EMETERY OR CRE		23d LOCATION CITY OR TOWN		COUNTY		STATE
12		DOLTAN		OT. I	, '85Mer	KELAN	D. J. MEXM	PARK	BALTIMO	RE C	O . M	ARYI	AND

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL O

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IMPORTANT: If the

24 FUNERAL DIRECTOR WILLIAM E.

REGISTRAR

EJOHNSON8521 LOCH RAVEN BLVD

PARK BALTIMORE CO. MARYLAND

250. SEP 30 1985

GLICAL REGISTRANS SIGNATURE

250. SEP 30 1985

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

268118	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	REG. NO.	9 4 3 4
cto, poge 3	1.56	Female FIRST	Arace White	DON 5. DATE (DEBIRTH 1985	20 DATE OF DEATH MONTH - 2 - 5 6 AGE (IN YEARS LAST BIRTHDAY) 85	DAY YEAR 26 HOUR 1454M IF UNDER LYEAR IF UNDER 24 HBS MONTHS DAYS MOURS MIN.
by the fuceral direction of the final within 72 hours	10 C	Mayland TY OR TOWN OF DEATH Parkville	7b CITIZEN OF WHAT COUNTI U.S.A. 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST Valley View	MARRIE WIDOWI	OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT Baltimore, Co 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Housewife	MD.
operately filled in and 2 should be a	19.11	AL RESIDENCE (IF NURS) OUI M.C. JOSEPH VAS DECEASED EVER IN U.S. AF	Balti MIDDLE LAST Barton	more	13d INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NAME FIRST Ann 17 INFORMANT	WIDDLE	1/1/1/4
		VES. NO OR UNKNOWN) IB CAUSE OF DEATH Enter of PART . DE ATH WAS CAUSE	ve war or dates) 213-7 nly one cause per line for (a), (b)	4-1680		L. Gordon 6716 G	Plenkink Rd. APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
at that the death cered by the attending please remark carbo midd, cremation, or recognition, or an other traumatic e.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF		enic Gen	
The low required on the low required on the low required on the low required on the low report of the low required on the low required on the low required on the low requirement of th	RTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ec.	N WAS PERFORMED	20a AUTOPSY? 20b IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO NO
O PHYSICIAN shending physics in the senticos the buriolitian and Marriol Pry ked or frem 18 s	MEDICAL CERT	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER MOTHY MEDICAL EXAMINE 216 INJURY OCCURRED MITTER OF WHITE AL WORK	ATH HOUR A.M. MONTH	19	21f. HOW INJURY OCCURE 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2) COUNTY STATE
OR ATTENDING OF A DESCRIPTION OF A DESCRIPTION OF THE DESCRIPTION OF THE OWN OWN OF THE OWN OF THE OWN OF THE OWN		22a I certify that (I) (this hasp	attal) attended the deceased fro	9 a	nd that in (my) (aur) apinian o	, to	19, that (I) (we) last or and from the causes stated 22c DAJE SIGNED
TO HOSPITAL retained by th TO FuneRAL should be deti with the Store	230	278 PHYSICIAN'S NAME (IVER	ORPRINT) OR PATI	Zi ai	PHYSICIAN C	DIRECTOR PHYSICIAN	1714150
BP		SPECIFY) SPECIFY) SPECIFY) UNERAL DIRECTOR	9-24-85	Garden	of Faith	Baltimore,	CO. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		Leonard J. Rucl	k, Inc. 5305	Harford	Road SE	P 2 3 1985	Davidson-Name

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(VRA 15, 4)

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	MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hadrs attending physician.	FUNERAL DIRECTOR, after this certificate has been signed by the attending physicial and compility. Tillida is because the burial-transit permit. Then please remove carbonpapers. Figure 12. Thouse of the burial-transit permit. Then please removed corbonpapers. Figure 12. Thouse of the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.
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(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST DECEASED NAME FIRST 2a. DATE OF DEATH MONTH DAY 26 HOUR TYPE OR PRINT **GOVER** WILLIAM F. 85 09 01 9:00A M IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1901 JAN 06 70. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE COUNTY WIDOWED DIVORCED MD. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GBMC 6701" N. CHARLES ST. TOWSON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STATE 13e STREET ADDRESS / ZIP CODE CITY OR TOWN 13d. INSIDE CITY LIMITS? HOENIX YES 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 17 INFORMANT FAMILY RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARTOPULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF CARDIAC DIS Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 形 Hx of CHF, MI CATI 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [CERT 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC 21d, INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOI WHILE 9/01 8728 220.1 certify that (1) (this haspiral) attended the deceased from 09/01 85 saw the deceased alive on 09/01 above. (1) well did (did not view the bady after death. and that in (my) (our) apinian death occurred an the date and haur and from the causes stated 23 226 SIGNATH DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN NAME TYPE OFFERIL 22e ADDRESS GBMC 6701 N. CHARLES ST, TOWSON MD 21204 JOY HOWARD M.D. 230 BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

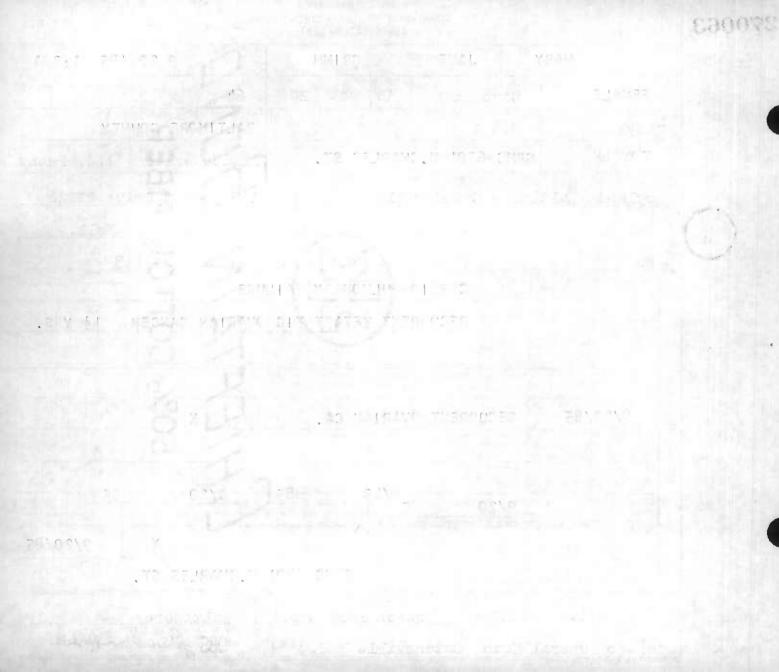
STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician are contained in by the funeral director, pag should be detached for use as the burial-transit permit. Then please remove carbanpapers from the mould be filed within 72 hours offer dewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the
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(VRA 15, 4)

063	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	4 4 3 5
1		OR PRINT) FIRST MA	RY JANE	GR IM	20 DATE OF DEATH MONTH DAY	185 1:30A
offer.	3 SE)	FEMALE	Caucasian	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
o 72 hou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY U.S.A.	* 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	
Southed of	10 CI	TOWS ON	GBMC 506701 GIVEN REE	CHARLES ST.	12a USUAL OCCUPATION (1795-05-WORK FOR MOST OF WORKING LIFE) OTTICE Wrker	126. KIND OF BUSINESS OR INDUSTRY. Penny
35	13a. S Ma			ville YES □ NO 🕱	130 STREET ADDRESS / ZIP CODE 109 Locust Dri	ive 21228
0	i	THER'S NAME FIRST Samuel	Childs		MIDDLE V.	Bell
4		No	213-16-	-9946 George E.	Grim Same as #1	13
movol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane cause per line far (a) (b) o SED BY: CARD 1	O-PULMONARY FAII	LURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ol, cremotion. or re ir other troumotic e		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost		RENT METASTATIC		1½ YRS.
ne prior to buri	CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a, DATE OF OPERATION 8/29/85	196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED OVARIAN CA.	20a AUTOPSY? 20b. IF YES, Y	WERE FINDINGS USED NG CAUSES OF DEATH?
entol Hygie frem 18 sho	MEDICAL CERT	? 1a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DEATH	DAY YEAR 19	YES NO YES	
rked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
21 is mo		22a I certify that (I) (this ho saw the deceased alive abave, (I) (we) (aid) (did	spital) att 942th deceased from an 19 now view the bady after death.	8/23 , 19 85 , and that in (my) (our) opinion	death accurred on the date and hour o	hand from the couses stated
JT: # hem		7% SCHATLINE	L.p.D.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9/20/85
IMPORTANT		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Rusw, m.D.	GBMC -6701	N, CHARLES ST.	
. 5	{	urial, cremation, remov SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Dudon Park Cem.	Baltimore	COUNTY STATE Md.
60M 7/B4 5, 4)		NERAL DIRECTOR CNabb Funer	al Home Cator	sville Md. SE	TE REC'D. BY REGISTRARISS REGISTRA	AR'S SIGNATURE



_		FOR
1	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DE	ATH	RE	G. NO.		
DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEA	THO MONTH	DAY YE	EAR 26 HOUR
Mr	s. El	eanor	Groves		to all	3.	Sept	ember 18	1985	6058
3 SEX		4 RACE	200	44.001.191	OF BIRTH	WE AD	AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS I	YEAR IF UNDER 24 HRS
Female		Caucasi	an	Febr	uary 11 19	03	82	YRS		
BIRTHPLACE (STATE C	OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MA	RRIED -	BALTIMORE CI		TY OF DEAT	гн
Maryland		USA		WIDOW	ED A DIVO	DRCED [Baltimore			M
Randallstown		Baltimo	HOSPITAL, NURSING FACILITY, GIVE STREET COUNTY C	address) eneral		UTION	USUAL OCCU UTYPE OF WORK FOR A Homemaker			IND OF BUSINESS OR STRY
USUAL RESIDENCE (IF NO.	136 COU	NTY	13c. CITY OR TOW Merrymou	N	138 INSIDE CITY	Y LIMITS?	8419 Mer	ess / zip co	DE Dr.	21207
Henry C. Hor	nfeck	WIDDLE	LAST			Bartels	MID!			LAST
160 WAS DECEASED EVE		RMED FORCES?	166 SOCIAL SECT				A. Saffra		3,41111	21207
No			214-03-6	730	8316 0	harmel I	or.	Baltim	ore	Maryland
gove rise to in cause (a), sto underlying cau	ting the ise last.	(c)_	OR AS A CONSEQUE		NOT RELATED TO	O THE TERMIN	NAL DISEASE OR	CONDITION	SIVEN IN PA	ART Ira
190 DATE OF OPER	NOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	20a AUTOPSY?	20b. IF Y		FINDINGS USED
HI I							YES NO	X	YES 🗌	NO []
OR CONTRIBUTION C	CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJU	JRY OCCURRE	D (ENTER NATURE O	f INJURY IN ITEM I	8 PART I OR PA	RT 2}
(IF EITHER NOTIFY MI 214 IN JURY OCCU WHILE NOT AT WORK AT	WHILE O		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET		CITY	ORTOWN	COUN	NTY STATE
	ased alive ar	()	18- 198	٠,٠		19	, ta q	the date and h		, that (I) (we) las m the causes stated
22b. SIGNATURE	Don	yw)	off.		PH	ENDING IYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN	220. 1	9-18-85
22d. PHYSICIAN'S	7.		STRE		PALTIN	WAE (LOUNTY	GENE	RAL !	Hospital
236 BURIAL, CREMATION	, REMOVAL	236. DATE	230 1	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 9-21-85 Loudon Park Cemetery

Baltimore

City

Maryland

FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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248085	1-	FOR STATE REGISTRAR
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the state of the s		MARYLAND
1201	USU	TOWSON
AND 2	130. S MA	RYLAND III
MARY		EUGENE
TIMORE Poper	16a. V	VAS DECEASED EVER IN YES NO OR UNKNOWN] NO
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 e low requires that the death certificat nos been signed by the attending physician and permit. Then please remove carbonapopins Popen ne prior to buriol, cremotion, or removal was any injury, or other traumatic event, the caldition materials.	IFICATION	Conditions, if ony, gove rise to imme couse O1, stating underlying couse PART 2 OTHER SIGNIF
L RE	1 11	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

GUY		L.85	1. CSA
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
APRIL 26, 1918	67 YRS	MONTHS DAYS	HOURS MIN.
MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		4-45
WIDOWED X DIVORCED	BALTIMORE C	OUNTY.	MD
HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND O	F BUSINESS OR
HOSPTTAT.	SECRETARY	MOOTFA	OTTVE

REG. NO

JSOEPH HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONE

WHITE 16 CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING

HERINE

4 RACE

BALTIMORE

MASON

REINDOLLAR

R.

13° STEET ADDRESS TEENWAY RD. 21234

15 MOTHER'S MAIDEN NAME

CATHERINE

ELIZABETH

HINES

16b. SOCIAL SECURITY NO 17 INFORMANT 216-09-2471

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

MERLE W. GUY 1310 PROVIDENCE RD.21204

which diote DUE TO, OR AS A CONSEQUENCE OF lost.

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING

216. TIME OF INJURY

NO YES [(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

200 AUTOPSY?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M Te PLACE OF INJURY

STAFF

211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 STREET

CITY OR LOWN

COUNTY STATE

220 1 certify that (1) (this hospital) attached the deceased from sow the deceased alive as 19 obove, (I) (y e) (did) (du not) view the body ofter death.

nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREF

ATTENDING MEDICAL 22¢ DATE SIGNED

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22e ADDRESS

23d LOCATION

DIRECTOR PHYSICIANA

230 BURIAL, CREMATION, REMOVAL BURTAL

23c. NAME OF CEMETERY OR CREMATORY SEPT. 5, 85MORELAND MEM.

CITY OR TOWN BALTIMORE CO..

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b.

MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: should be detoched for useful the State Dept of H. IMPORTANT: If Item 21 is

ond Mentol Hyg

or Hern

MEDICAL

E. JOHNSON8521 LOCH RAVEN

Julia Davidour Pandalle

CARORS 2001.ULB0/ELB1-27.5

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

263032	1-	FOR STATE REGISTRAR	DI		EALTH AND MENTA		2 4 4 3	d
oge 3	(TYPE	CEASED NAME FIRST OR PRINT) HELEA	J.	abighurst HABIG		2a DATE OF DEATH	9-6-85 8	AM
ge 4 meector, p	3. SE	Female	4 RACE White	5. DATE O		6. AGE (IN YEARS LAST	SIRTHDAY) IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS	MIN,
nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	MARRIE WIDOWI	D NEVER MARRIE	D J Polto	OR COUNTY OF DEATH	MD.
by the fu	1	nesville,	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	ONV CENT	(TYPE OF WORK FOR MOS	OF WORKING LIFE) INDUSTRY	SS OR
filled in toolld be filled	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. CON	FOTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIM	NITS? 13e.STREET ADDRESS		2
ampletely of 2 sh	1 _	THER'S NAME FIRST dward L.	Woods Voods	AST	15. MOTHER'S MAID FIRST Anne	EN NAME MIDDLE	Cullen	
The second		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	01 8638D		alto. Md. ADD lahus 3 Carria	RESS 21234 ge Walk Ct.	
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that the death ce by the ottending siste remove corb sl. cremation, or r	•	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO					
en signed en to burit	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO TH		NDITION GIVEN IN PART 110	
he low on. hos bee t permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO	TH?
ig physici ig physici certificate rial-trans ental Hyg them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	TH DAY YEAR	21¢ HOW INJURY C	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18. PART 1 OR PART 2)	
offendir offer this of the bund W h and M orked or	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		21f LOCATION STREET	CITY OR	TOWN COUNTY S	STATE
ATTENDIII spitol or CTOR: A Ifor use of Heolis		220.1 certify that (I) (this hosp saw the deceased alive a abave, (I) (ma) (dich (did n	11.1-	19 15 0		opinian death occurred an the	date and haur and fram the causes sta	
by the ho by the ho ERAL DIRE e detochec detochec Stote Dept	/	226 SIGNATURE	andy	/		DING MEDICAL ST	AFF IICIAN 22c. Date signed	5
TO HOSPIT. TO FUNER should be d with the Sto		224 PHYSICIAN'S NAME (TYPE SAMUEC	O'MAN.	sky	240		KANER OLI	10
BP		BURIAL, CREMATION, REMOVA [SPECIFY] Burial	23b. DATE Sept. 9,1985		thedral Cem	CITY OF TOWN	COUNTY Md.	STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR G. Truman Schwab 5151 Balto. National Pike Balto Md. 21229

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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The Court of the Leville

1 - STATE

STATE OF MARYLAND

DEPA	RTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	DTIEL	CATE	OF	DEATH	

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И		REGISTRAR		CERTII	ICATE OF DEATH	REG. N	Ю.	-	
Λ		EASED NAME PRO	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
V	(Link)	William	Howard Had	akatt Iv		Septemb	er 29 1985		
1	1.5EX		4 RACE		OF BIRTH	A AGE TIN YEARS LAST BIT		DER LYEAR IF U	INDER 24 HRS.
	220			MONT	H DAY YEAR		MONTH		
	Ma	le	Caucasian	Augu	st 30 1924	61	YRS		7 10
V		OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF D	EATH	
/		ryland	U.S.A.	WIDOW		Baltimore O	nintv		MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPAT		b. KIND OF BU	
	n.	14.4	(IF NOT IN SUCH FACILITY, G			TYPE OF WORK FOR MOST		DUSTRY	
4		Itimore LERESIDENCE HENURSING HOME OR	2021 Kennicot			Accountant	1	D. Cup (credit
c	13a S			or town	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
7	Ma	ryland Baltir	more Wood	dlawn	YES NO X	2021 Kennic	ott Road	2	1207
7	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM		100		
ij	Tati	lliam Howard Hacket		LAST	Mary E. (Pfie	MIDDLE		LAST	
£		AS DECEASED EVER IN U.S. AR.		AL SECURITY NO.	17. IMPS. AKathleen		ESS	0	1007
	[1	ES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)			nackett			1207
	Ye	s WWII	217-	-26-7499	2021 Kennicot	t Road W	oodlawn	Mar	yland_
		18. CAUSE OF DEATH (Enter on	ly one cause per line for to	1, (b1, ond (c1)		1 1		APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
		PART I. DEATH WAS CAUSE	/ / .	11	5 starishi	h. mahan	10	Man	Atte
П		IMMEDIAT	E CAUSE (a)	01100 1	113120 CENT	CAPPELLIN COL	629	101901	11000
			DUE TO, OR AS A CO	NSEQUENCE OF		/ /			
		Conditions, if ony, which	(
		gave rise to immediate	(b)						
		couse (a), stoting the	DUE TO, OR AS A CO	NSEQUENCE OF					
Ī		underlying cause last	10)					365	
	1 1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART Iro	
	Z								
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI	RE FINDINGS	USED
	F.						IN CERTIFYING	CAUSES OF E	DEATH?
	RT					YES NO	YES 🗌		0 🗆
A		210. ACCIDENT WAS UNDERLYING	110110 4 14 1404	TH DAY YEAR	216 HOW INJURY OCCURR	RED CENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 C	R PART 2)	
7	¥	OR CONTRIBUTING CAUSE OF DEA	(18)	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	Y	2H LOCATION		No.		
	W	WHILE NOT WHILE	(AT HOME STREET, FACTOR	Y, OFFICE FARM, ETC)	STREET	CITY OR TO	OWN C	OUNTY	STATE
		AT WORK				3 00	- 65		-
		220.1 certify that (1) (this hospi	0 10 XL		18 2 8 5 19		703,19_		Trime last
		sow the deceased alive an above, (1) (we) (did) (did no		h 19, o	nd that in (my) (ow) opinion of	death occurred on the d	ate and hour and	from the cous	es stated
		226. SIGNATURE	A		DEGREE			220 DATE SIGN	VED
		(MANIN	nen	m	ATTENDING	MEDICAL STA		9/2/	co
0		27d. PHYSICIAN'S NAME TTYPE O	a point		PHYSICIAN 122e ADDRESS	DIRECTOR PHYSI	LIAN	1004	
		CALL GOVERNO			125	n D.	- n	2 .	0
		1706 6 C	OKMUS		YOU CATON,	MUS 18R	UD .//	12 21	227
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
1	Bu	rial	10/3/85	Garriso	n Forest Veteran	CITY OR TOWN	Baltin	nore Mar	vland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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EFFE Liberty Read Journal Askers, November 28133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAS REG. NO DECEASED NAME 2a. DATE KNOWN | 7h HOUR LOUBE COLUMN TO OF ESTI-HAMILTON 85 SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) MITMORAL PRONOUNCED 10 85 DEAD & BIRTHPLACE ISTATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ECHNICIAN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES 14. FATHER'S NAME_ 15. MOTHER'S MAIDEN NAME 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CARDIDPULMONARY ARREST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which CARAKE ARRYTHMIA FORMBLE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last ALCOHOLISM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 228. I certify that I took charge of the remains described above, held an and in my opinion Autopsy Inspection Inquiry death resulted fram Suicide Homicide L Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL DATE SIGNATURE MEDICAL EXAMINER 6800 MERNINGTON (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 73h DAT 23¢ NAME OF CEMETERY OR CREMATOR' 23d. LOCATION COUNTY CREMA 07/84 2584 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

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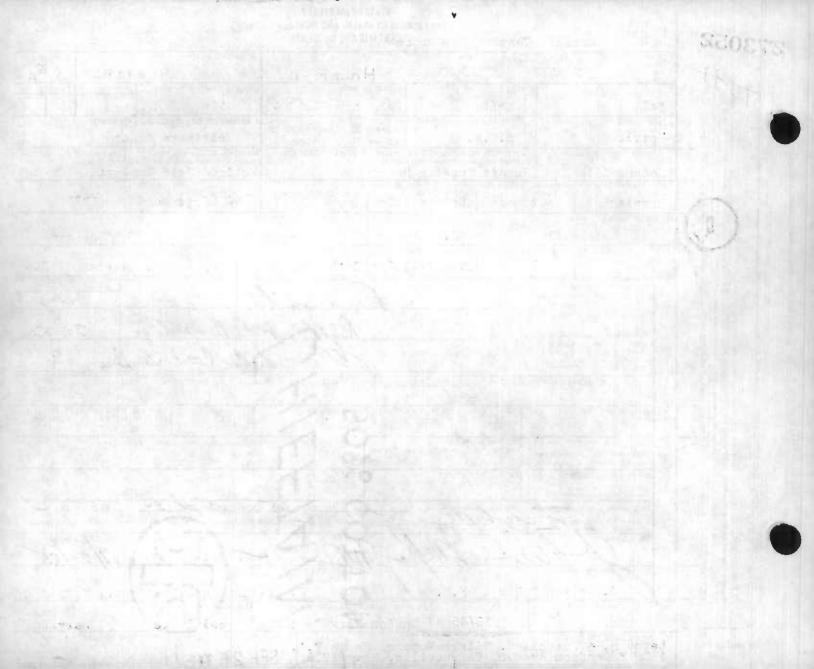
256083	h	FOR - STATE REGISTRAR		DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		2	44	4
N 1 71		CE ASED NAME E OR PRINT)	ster Mary F	elicita H		AŠŤ	20 DATE OF DEAT		6 - 85	26 HOUR 5:00 N
g 4 mon	II SI		4 RACE	aion	5 DATE C		6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	HOURS MIN
Outh Page 172 hours		Pittsburgh		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CIT			AAF
to the state of	1	Baltimore	H 11. NAME OF JIENOT IN SUI	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUP (TYPE OF WORK FOR MC Teacher	ST OF WORKING L	12b. KIND OF INDUSTRY Archd	F BUSINESS OR
ZO AND	130 un	sing Home	G HOME OR OTHER INSTITUTION IS COUNTY Baltimore	Baltimo	N	138 INSIDE CITY LIMITS	6401 N		St. 21:	212
(1)3	1	Charles Fra		LAST		15. MOTHER'S MAIDEN FIRST Theres	MIDDI	DRESS	Ealter	
TIMORE be eyeco			N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	218-54-		Sister M.			Charle	S St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NO. PHYSICIAN. The law inquires that the death certainfied physician. Seek signified by the attending on the buriel intensity been in their please remove carbon to and Mental Hygiene prior to be real.	CERTIFICATION	gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	the due to, c		DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEASE OR C	20b. IF YE	VEN IN PART 1(o S, WERE FINDIN FYING CAUSES	IGS USED
ON OF VITAL B CISCLAN, The ding physician sis certificate by Mantal Hygiens or bem 18 show	MEDICAL CERTIF	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	LEXAMINER) HOUR A 21e PLACE	.M. MONTH DA .M. OF INJURY	AY YEAR	211 LOCATION	YES NO	Y INJURY IN ITEM 18,	ES PART 1 OR PART 2)	NO []
ATTENDING PROSpected or attended to the or attended to the or the or the or the or the or the order or the or	ME	saw the deceased	Spinish attended to	19	, at	. 19	to to			STATE that (I) (we) lost couses stated
O HOSPITAL OR Turned by the H OR Use ERAL DIS Include the detector of the H ORD Store Detector of the Store De	-	124 PHYSIANS NA	E. Rivera			ATTENDIN PHYSICIA 22e ADDRESS	MEDICAL N DIRECTOR PH		030	7/85
BP		BURIAL, CREMATION, R	23b. DATE 9-9-8			EMETERY OR CREMATO	Glen Ar		imore Ma	
DHMH - 16 60M 1/75 (VR A)5 (4))		uneral director	efeld Home 6	ADDRESS		25a.	SFP 1 0 198		Jarydson-	

Herman, a. U...

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DHMH - 16 50M 4/82 (VRA 15, 4)



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	VG PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be attending physician.	ter this certificate has been signed by the attending physician and camptetely filled in by the certain ratio, page is the burial transit permit. Then please remove carbon papers. Pages I and 2 should be filed. Then please remove carbon papers. Pages I and 2 should be filed. Then please remove carbon pages.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH Likes 85 Albert Hammersla 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 76 1908 Caucasian Male BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Maryland U. S. A. O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Catonsville Self Employed Grocer Hilton Avenue USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN. 108 Hilton Avenue 21228 Baltiore Catonsville Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Cecelia Hammersla Hamburg Harry **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT IN U.S. ARMED FORCES? NO UNKNOWN 213-05-6718Erma E. Hammersla same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY raremoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, WERE FINDS IN CERTIFYING CAUSES		
			YES NO	YES 📑	NO 🗌
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	n COUNTY	STATE

774 SIGNATUE DEGREE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

Lorraine Park

Paul E. Go	rmley, M.	D.	900 S.	Caton	Avenue	21229
230. BURIAL CREMATION REMOVAL	23h DATE	123c NAM	E OF CEMETERY OR CREM	ATORY 23d	LOCATION	

24 FUNERAL DIRECTOR

Burial

MacNabb Funeral Home Catonsville, Md

9/5/85

25a. DATE REC

Woodlawn

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

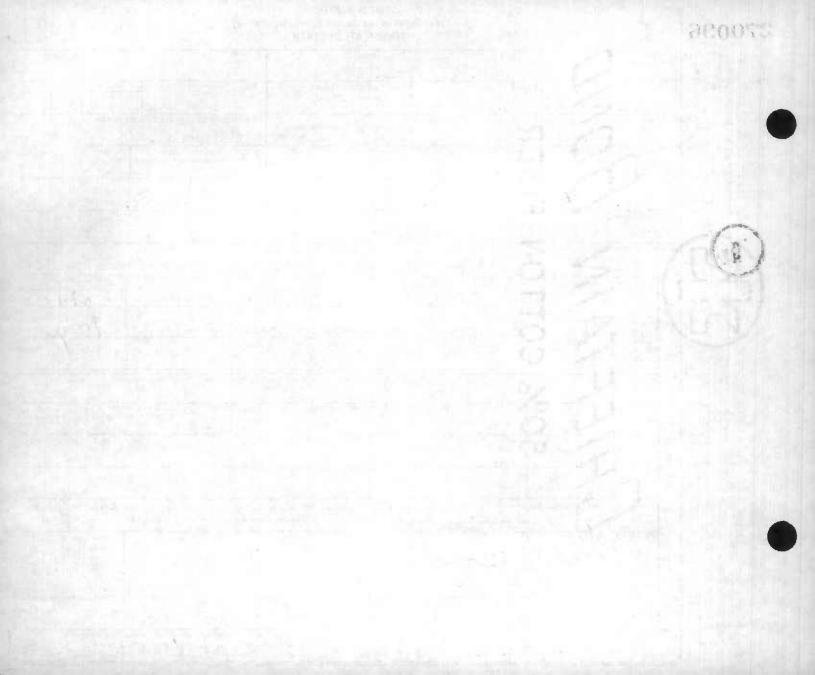
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	OR ATTENDING PHYSICIAN: The law requires that the death certifical terms of the death. Page 4 mo e hospital or ottending physician.	DIRECTOR: After this certificate has been signed by the attending physical many many lely filled in by the funeral director, pached for use as the buriol-transit permit. Then please remove carbonpoper, Pages, and School due filed within 72 hours offer a
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS JAMES HARGROVE 85 4 RACE 5. DATE OF BIRTH IF UNDER TYEAR A AGE LIN YEARS LAST BIRTHDAYL IF UNDER 24 HRS YEAR Black. 44 Male 6 To BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGH MARRIED X NEVER MARRIED USA Md. Baltimore Co. WIDOWED DIVORCED T NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 0 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) St. Joseph Hospita Towson USUAL RESIDENCE (IF NURSING) ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Balto. 3407 Fllamont Rd. 21215 Md. YES K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE E. MIDDLE West Hargrove, Sr Warren Beatrice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LIF YES GIVE WAR OR DATEST 216-42-4176 Cynthia Hargrove 1206 Linworth Ave Apt 3 C 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (D. DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gave rise to immediate MYOCARDIAL DUE TO, OR AS A CONSEQUENCE OF IN FARCTION, couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 0 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN arked WHILE NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from, sow the deceased alive on ... and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated (was did) (did not view the body after death DEGREE 22c. DATE SIGNED MEDICAL FUNERAL D PHYSICIAN DIRECTOR PHYSICIAN PORTANT BALTO MO 2120 -230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Buria? CITY OR TOWN bM's 9/26/85 Garrison Forest Vet Owings Mills 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Wm C March F/H, Inc. West 4300 Wabash Ave (VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	REGISTRAR XC 2113	36618		CERTIF	ICATE OF DEATH	REG. NO	o.			4.2	-4
	CEASED NAME FIRST		MIDDLE	l	AST		MONTH	DAY Y	YEAR	2b. HO	UR
[146]	OR PRINT) HERMAN	I CI	HARLES	HA	RRTS	SEPTEMBER	22. 1	985		10:	LO M
3, 5E		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER		IF UNDE	ER 24 HRS
1	MALE	WHTTE		OCTO:		86	YRS	MONTHS 11	22 22	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	111222	WHAT COUNTRY?	8	35	9 BALTIMORE CITY C				1	
50	uth Dakota	U.S.A		MARRIE	NEVER MARRIED DIVORCED DI	BALTIMORE (COLIMITO	Y			MD
	ORT HOWARD	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CARPENTER	ON	12b. K	(IND O	F BUSIN	NESS OR
13a [V			GIVE RESIDENCE BEFORE 136 CITY OR TOW SYKESVII	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 6224 MARGIN			2	178	4
17	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE			LA5		
	TILIAM	٠ با	HARRIS	_	ANNIE		12.5	NE	ILSC)N	
	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS				
	TES WWI	THE WAR ON DATES!	215 18 3	3103	CLINICAL REC	CORDS, VAMC.	FOR	T HOW	/ARI), M	D
NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GI	IVEN IN P	ART 1:0	a	
CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOT	IN CERTI	ES, WERE			ATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	DF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	EY IN ITEM IB	PART LORP.	ART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR 10	WN	COUP	NTY		STATE
	22a.1 certify that (1) (this has sow the deceased alive a abave, (1) (we) did (did-s	n SEPTEME	SEH 22 19		nd that in (my) (aur) apinian c	ta_SEPURIVE		219 <u>8</u> 5	-		(we) lost
	22b. SIGNATURE	lies	level_		ATTENDING PHYSICIAN	MEDICAL STAP DIRECTOR PHYSIC		226.		SIGNED 23-8	
	C.V.J. VERGE	ESE, M.I).		VA MEDICAL CE	HANNER, FORT	HOWAL	RD. N	D_	210	52
	Burial Burial				y Chapel	23d LOCATION CITY OR TOWN Eldersb	urg,	Carr	ol	1,M	d.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md.

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DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2	4 4	4	6
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J. 170	irri5	991			10	/ /
E S. DATE O		6 AGE (IN YEARS PAST BIR		UNDER I YEAR	IF UNDE	R 24 HRS
White		83	YRS	J	- TOOKS	
IZEN OF WHAT COUNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY O		OF DEATH		
S.A. WIDOWE	DIVORCED [1301to.	COUR	144		ME
AME OF HOSPITAL, NURSING HOME O NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND C	OF BUSIN	ESS OR
Itella Maria		Homemaker		Own	Home	3
e Owings Mills	13d INSIDE CITY LIMITS? YES NO 🙀	13e STREET ADDRESS / 3811 Thor		ed Lar	ne 21	1117
LAST	15 MOTHER'S MAIDEN NAM	WE		LAS	57	
Yelle	Clara			Ye	11	
DRCES? 166 SOCIAL SECURITY NO. 218-28-6452	Milton Harr	ADDRE				
cause per line for 101, (b), and (c).1				BETWEEN	IMATE INTE ONSET AN	RVAL D DEATH
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JE TO, OR AS A CONSEQUENCE OF						
TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART II	0.	
CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FIND! ING CAUSES		
b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	TTORPART 2)		
B. PLACE OF INJURY I HOME, STREET, FACTORY, OFFICE FARM ETC.)	2H LOCATION STREET	CITY OR TO	wN	COUNTY		STATE

CERTIFICATION 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE to Sept alo 19 35 that (1) (we) lost

sow the deceased alive on 3001. I above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

23a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Balto. National

DEGREE

Balto. ORTOWN

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE COUNTY Md.

Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

MPORTANT:

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(VRA 15, 4)

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00

FOR

- STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Canada

Maryland

FATHER'S NAME Telesphore

(YES, NO OR UNKNOWN)

10 CITY OR TOWN OF DEATH owsor

FIRST

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136 COUNTY

Baltimor

LIF YES GIVE WAR O

IMMEDIATE CAU

76 CIT

I STATE OR FOREIGN

ISUAL RESIDENCE (IF NURSING HOME OR OTHER I

160 WAS DECEASED EVER IN U.S. ARMED FO

Conditions, if ony, which gove rise to immediate couse (o), stating the

underlying couse

22d. PHYSICIAN'S NAME

18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY

PART 2. OTHER SIGNIFICANT CONDI

275094

ADDRES 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

9-30-85

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC NO		- 1	W	.90	

		REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. NO	J.		
	I. DECEASED NAME FIRST MIDDLE		AIDDLE	i	AST				AY YEAR	2b HOUR		
	TYPE	Mar	V	Re	gina		Harris		Septembe	an 23	1985	7:35a M
	1. 563	X		4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		White	Э	Aug	00 100	9	86	YRS	ONINS DATS	HOURS MIN.
2	H BI	RTHPLACE (STATE OR FOR	EIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARR	IED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
0	M	laryland	1	U.S	.A.	WIDOWE	_		Baltimor	e Cou	inty	MD.
8	III CI	Towson	1		OSPITAL, NURSIN		PROTHER INSTITUTION OF THE PROTECTION OF THE PRO	ION	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF Homemak	F WORKING LIFE	INDUSTRY	Home
5	U=U/ 13u - 5	AL RESIDENCE (IF NURSING	OME OR		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Balto.		134 INSIDE CITY LI, YES 🛣 NO		13e STREET ADDRESS / 5220 YOU		. 2	1212
0.	14. 64	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAI	DEN NAM	MIDDLE			,
10	1	Bernard		Middle	Mullin		Elisabe	eth	MIDDLE		McAul	iffe
n.		WAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE			
V		No.	(IF YES, GIV	E WAR OR DATES)	218-14	0652	William	J. I	Harris 721	Holl	en Rd	Balto.
٦		18 CAUSE OF DEATH	Enter an	ly one cause per								MATE INTERVAL ONSET AND DEATH
21		PART I. DEATH WAS	CAUSE	Ď BY: E CAUSE (o)	Coror		1 Arter	ruj	Ocelusie	n		- 10
	1		WILDIA	5	AS A CONSEQUE	NCEOE		1				
		Conditions, if any, w	vhich	(b)		che	es					
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF :										
		underlying cause		DUE TO, OR	AS A CONSEQUE	DA G	tensio	n				
Ш		PART 2 OTHER SIGNIF	ICANTO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT			NAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
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1	TER	NA	-	Y na	1	14			YES TI NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
1	CERT	210. ACCIDENT WAS UNDER					21c HOW INJURY	OCCURRI	ED WITTER NATURE OF INJUR	1		
1	7	OR CONTRIBUTING ACCOUNT			11/6	Y YEAR		1/1	4			
	DIC	21d. INJURY OCCURRED		21e. PLACE C	OF INJURY		211 LOCATION	4			-	
	×	A A	40	(AT HOME STRE	EET FACTORY OFFICE, FA	ARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I) (th	his haspi	tal) a Wended the	deceased from	Jun	. 7/ 10	83	Seet,	29,	085	that m (we) last
		sow the deceased	alive an	Aug.	23 , 19 8	- 5- or	nd that in (my) (our	opinian d	eath occurred on the do	ate and haur		
	4.5	abave, (we) (dad	(did na	t view the bady	after death.		DEGREE	-			22c DATE	
H	47	Dann	a de	4	2 4/1	7 3	ATTEN		MEDICAL STAF			23-85
	/	224 PHYSICIAN'S NAM	E ITYPE O	a Pepelly	rena y	-//	22e ADDRESS	ICIAN 4	DIRECTOR PHYSIC	IAN	1/ -	00
		Bannister	Ra	ines M.	.D	110	5225 Y	ork F	Rd. Baltim	nore,	Md.	
		BURIAL, CREMATION, RE	MOVAL	236 DATE	23¢ N	IAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	£7.47£
	_	urial		9-26-	-85 N	Morel.	and Mem	oria		Ba	alto.	Md.
	24 FL	UNERAL DIRECTOR			ADDRESS	BALTI	. 21212	250 DATE	REC'D. BY REGISTRAR	Zh	ARS SIGNAT	URE
=0	H	HENRY W)	JENKIN	S 490	21- Y	ORK RD	SE	P 23 1985	gatical	anigow-	Adapties.

DHMH - 16 60M 7/84 (VRA 15, 4)

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Engelster Fulnes M.D. State York F. Editiones, Nd.

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STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

Connelly Funeral Home 300 Mace Ave. 21221

10/3/85

Burial

24 FUNERAL DIRECTOR

Gardens of Faith

25a. DATE REC'D

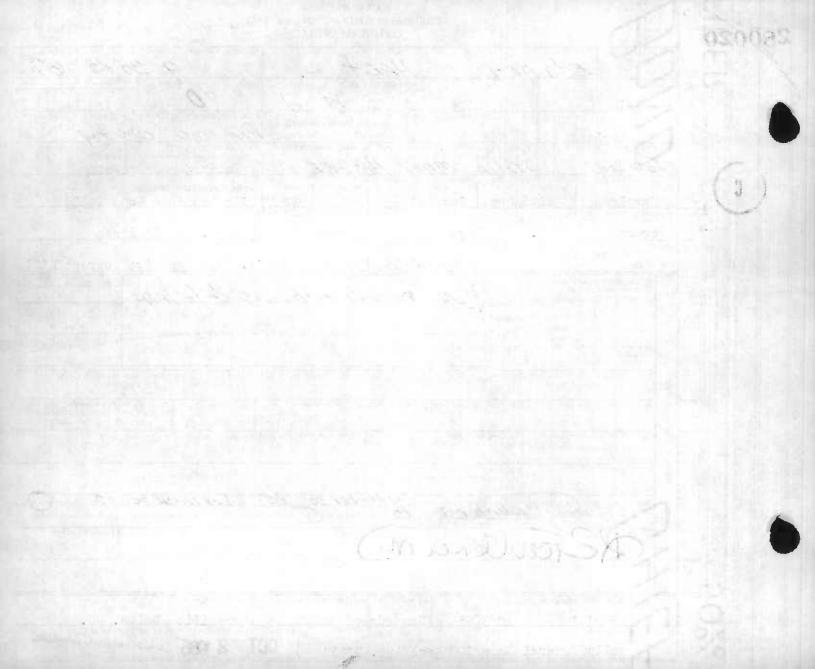
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2 1985 Julie Davidson Handale

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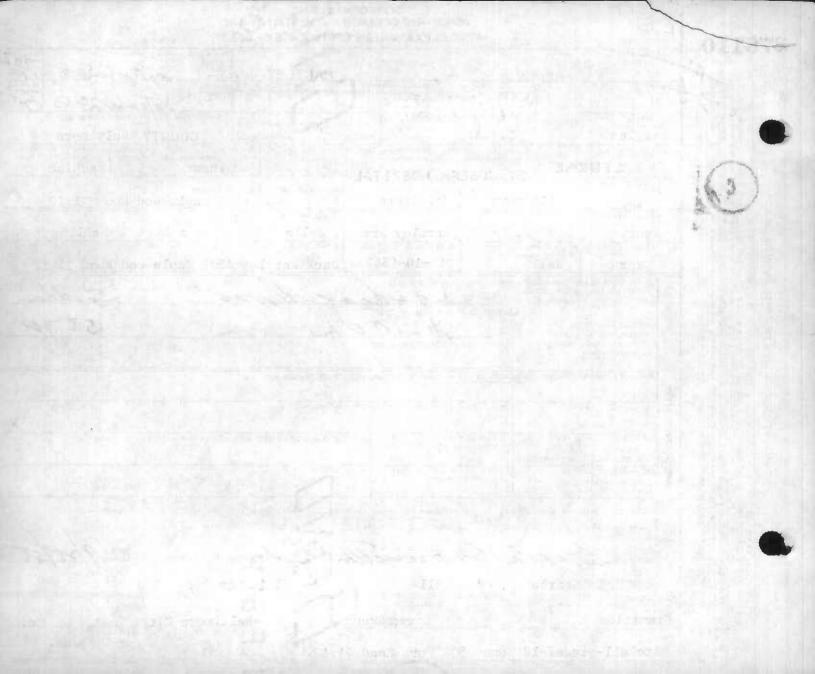
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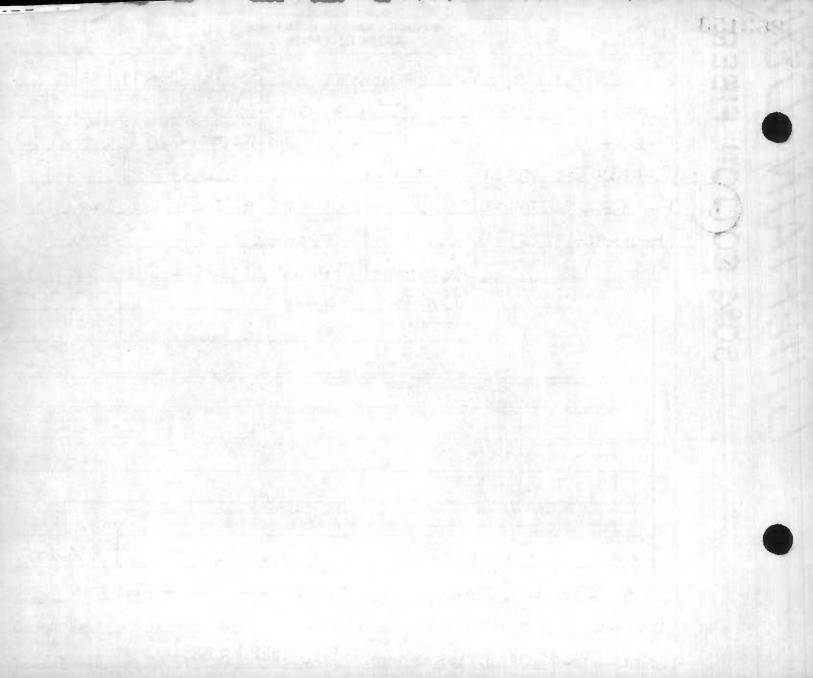


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 276110 RECHSTRAR I. DECEASED HIAME 2a. DATE KNOWN MONTH 2b. HOUR OF S CHIMINTS DEATH MANED HARTLEY 2c. DATE 2d. HOUR A AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 70 TAST BIRTHDAY) PRONOU July 6.1911 W DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? M. BIRTHPLACE ISTATE OF MARRIED NEVER MARRIED POREIGH COUNTRY! COUNTY Baltimore U.S.A. DIVORCED [Maryland WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LCITY OR TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE! IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Engineer Machine BALTIMORE JOSEPH HOSPITAL SUAL RESIDENCE OF IN NERSING HOME ON ID 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Ja. STATE 136 COUNTY Baltimore 6502 Maplewood Road 21212 Baltimore YES [] NO X 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE MIDDLE 6 6011 Mahling Julia Hartley Sr. Eugenia Henry A. 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-10-1567 Jack Hartley 6502 Maplewood Road 21212 Yes WWI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: OK IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAYED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 18s DATE OF OPERATION 20. AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES | 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 211, LOCATION 11d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STATE STREET FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Undetermined manner Hamicide L PUNERAL I EXAMINER'S NAME Charles F. O'Donnell York Road 21204 7501 0 236. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY Cremation Greenmount Baltimore City Md 250. DATE REC'D. BY REGISTRAR 1251. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 THE WALL STOR (VR A15 ME (5)) Mitchell-Wiedefeld Home 6500 York Road 21212 15M 7/76

STATE OF MARYLAND



(VRA 15, 4)



256080	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	2 4 4	5 1
poge 3		CEASED NAME FIRST OR PRINT! F101	rence	Evans	Haug	hey	Sept.	MONTH DAY YES	26 HOUR 4¥05P M
director, po	3. SE	emale	4. RACE White	2	S. DATE O	e 23, 1890°	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS. ANYS HOURS MAIN.
neral dire		RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	A.	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O		H MD
s after d	10 CI	Cockeysville		FHOSPITAL, NURSI BUCHFACILITY, GIVE STREE Pland Masc		OR OTHER INSTITUTION	12e USUAL OCCUPATION OF SEAMS TIE	ON DE WORKING LIFE) 126. KIN INDUS INDUS INDUS	Decor
(X)	13a. S		e or other institution ountry altimore	134. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Md. Mason:	ic Home 21	030
N.B	1	THER'S NAME FIRST	rancis	Evans	5	Lucy FIRST	AME	Wil	ling
n and co Pages 1		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YES	ARMED FORCES S. GIVE WAR OR DATES)			Mrs. Virgini	ADDRE		<i>3/093</i> s Road
Trificate by physicia and papers emoval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse p USED BY: DIATE CAUSE (o)	per little for oil, (bil, o	nd (c).)	long Assa	s t	BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
he death ce he attending emave carbi ination, or r		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)_	OR AS A CONSEOU					
quires that I	Z	underlying couse lost PART 2. OTHER SIGNIFICA	(c)_			NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 1ro
nn. has been permit. T	CERTIFICATION	19a DATE OF OPERATION	196 CON	IDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU YES [
Z Z Z D D T Z S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH E P.M.	AY YEAR		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	RT 2)
NG PHYSICIA ottending pl fter this certif fter this certif is at the burioli- in and Mental	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
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TO HOSPITAL retained by the TO FUNERAL should be deto with the State I warpontant.		Paul Ri	VPE OR PRINT)			Md. Masc	onic Home 210	030	
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DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI Mi	ineral director tcmell-Wiede:	feld Home	e 6500 ^{ADQRESS}	ck Roa	1 04040	P 1 0 1095	186 REGISTRAR'S SIC	

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In most effected?

FOR

(TYPE OR PRINT)

3 SEX

STATE

REGISTRAR

AGNES

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. HAWKINS. 20 DATE OF DEATH 2b HOUR Young 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) YEAR 39 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

23d LOCATION

Laurel Prince George

250 DATE REC D. BY REGION 256, RECIDILAREN CONTROL

	Maryland		U.S.	Α.	WIDOWE	D .	DIVORCED [Balt	lmore	County		MD.
C	TY OR TOWN OF DEA	TH 1		OSPITAL, NURSI		OR OTHER IN	STITUTION	120 USUAL C	CCUPATIO	ON 11	26 KIND OF BUS	SINESSOR
1	Pandalleto.	01	OF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	. puel	Una	Super	VISO	Custor k	her	able Tru
sÜ	AL RESIDENCE (IF NURSI	ING HOME OF O	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSIONI	NKTUL	7001		CTEL	, K	Equila	IDIE IIC
-	STATE	136 COUNT		13c CITY OR TO				13e STREET A			. 3 011	122
Μá	aryland	Bal	timore	Randa]	LISTOW		№ 🔀		Tulse	mere Roa	ad 211	.33
F	ATHER'S NAME	M	DDLE	LAST		15 MOTHE	R'S MAIDEN NAM	ΛE	MIDDLE		LAST	
		Georg	e Edw	ard You	ing	1770	Agne	s	Alvei	cta	Hopk	cins
1. \	VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORM	Mr. F	Ohert	HARPRE	ns		
{	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-38-	9029		Tulsemer				vn , MD.	21133
_	NO			220-30-	7027	19/12	TOTSEMET	ekoau	Kanc	ialisto		
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	couse (a), stating couse	-	00000	LAS A CONSEQU	JENCE OF	7/10		C1 101	14-1	21 110 12		
			(c)									
	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATI	ED TO THE TERMI	INAL DISEASE	ORCON	DITION GIVEN	IN PART 110	
2	1-3-1											C 1013
5	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?		ERE FINDINGS (G CAUSES OF D	
								YES 🗍	NO	YES [0 🗆
2	210 ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c HOW	INJURY OCCURR	ED (ENTERNA	TURE OF INJUR	Y IN ITEM IS PART I	OR PART 2)	
,	OR CONTRIBUTING				DAY YEAR	12.5						
-	116 INJURY OCCURR		21e PLACE		19	21f. LOCAT	ION					
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	AT WORK											
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	276 SIGNATURE		A A	A .		DEGREE			55.31		22c. DATE SIGN	1ED
	Dunie	MADI	4. 11	NIA			ATTENDING	MEDICAL	STAF		9.2	CRE
	224 PHYSICIAN'S NA	ME ITYPE OR	PRINT	4,0		122e ADDRI	PHYSICIAN L	DIRECTOR	PHA2IC	IAN	1	2 27
	0.10.11	Cho	SEA AN	MIT	D.A	12 1		nDa	(M	CONTY	1100	DINI
	rullo	JAC)	111111	1		IDA	CTIM	0/26	0.0	UNIT	1707	TITAL

23¢ NAME OF CEMETERY OR CREMATORY

Md. National Mem. Park

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT:

230 BURIAL, CREMATION, REMOVAL

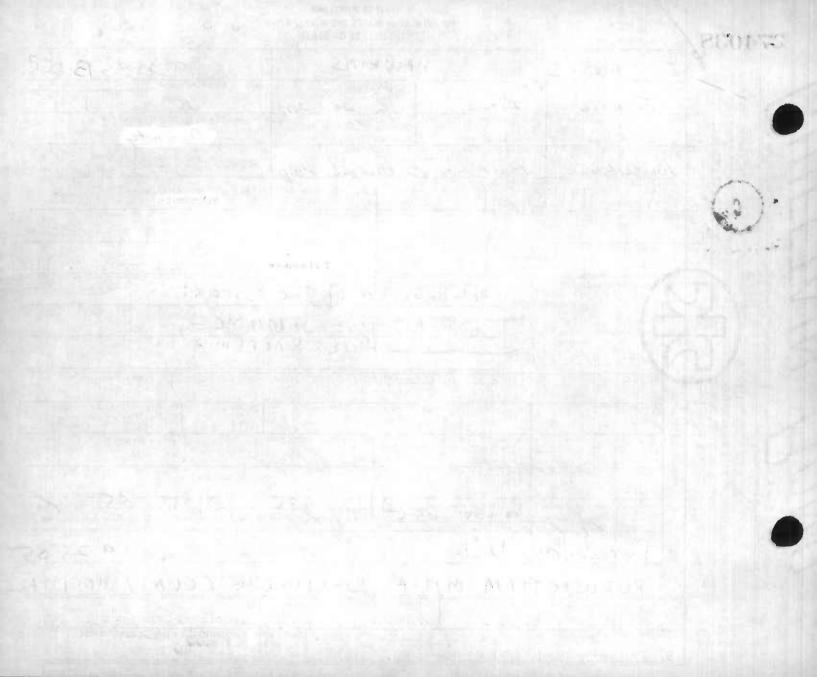
Burial

23b. DATE

9/28/85

24 FUNERAL DIRECTOR Oring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, MD. 21133



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	4
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 hours other death retained by the haspital or otherding physician.

63151	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 4 5 3 CERTIFICATE OF DEATH REG. NO.							
1 75 1		EASED NAME FIRST	R- HEATTERI	CHISR.	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR A.				
of po	1.5E)		1 RACE 5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS				
A 100 06		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	C- 26, 1918 DED NEVER MARRIED	9 BALTIMORE CITY OR COUN					
	W	ARYLAND TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	VED DIVORCED	BATTIMORS 120 USUAL OCCUPATION	COUNTY MD.				
00	P	ARKVILIS	2511 LOURSON RC	SAD	TYPE OF WORK FOR MOST OF WORKING	INDUSTRY PRODUCE				
	000	RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY 131 CITY OR TOWN ARE ARE ARE A CONTROL OF THE AREA C	13d INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP CO	DDE 212314				
1 11,030	TA FA	THER'S NAME FIRST	MIDDLE HEATTS RICH	15 MOTHER'S MAIDEN NA		BisBal				
n and a Pages I	. 11	/AS DECEASED EVER IN U.S. AR		17 INFORMANT FAMILY	RECOROS					
requires that the death co	TION	DI		IT NOT RELATED TO THE TERM						
The law relation. It has been as the permit. It given prior shows any it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIÓN FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)				
g physicic g physicic certificate rial-transit ental Hygid fem 18 shq		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	R	RED (ENTER NATURE OF INJURY IN ITEM	8 PART : OR PART ?}				
offending of the buse of the b	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ATTENDIN aspital or ECTOR. Aft id for use a st. of Health		saw the deceased alive on	tol) attended the deceased from		, ta, death accurred an the date and h					
ITAL OR A by the hos by the hos by the hos beached detached tote Dept.		Fausto (Q. Agrum Ti	MONTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	9-16-65				
to HOSPITAL etained by the TO FUNERAL should be det with the State		DR-FAUSTO	Q. Asvino, JR.		ORD ROAD-	PARKVILLE				
BP	G	URIAL, CREMATION, REMOVAL SPECIFY)	236 DATE 236 NAME OF		23d LOCATION CITY OR TOWN	BALTO-MARYLAND				
DHMH - 16 60M 7/84 (VRA 15, 4)	-	NERAL DIRECTOR NAME VAOS CHAPSL	OF MEMORIES HAR	0 0	P 1 8 1985	ISTRAR'S SIGNATURE				

23c. NAME OF CEMETERY OR CREMATORY

21214

Sept.21,1985 Meadowridge Mem. Pk. Elkridge, Howard,

23d LOCATION

. ... warmacon-pandalle

23a, BURIAL, CREMATION, REMOVAL

Burial

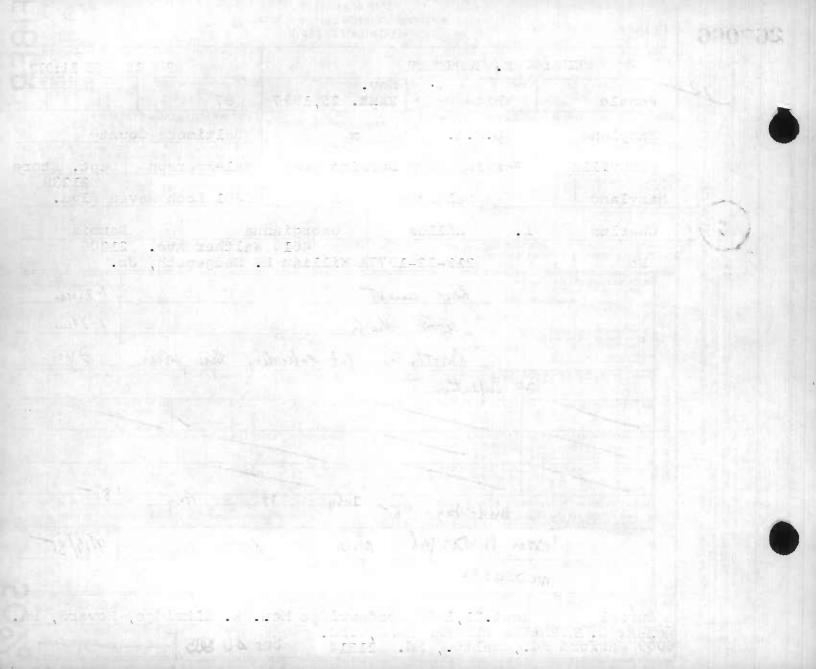
23b. DATE

6009 Harford Rd., Balto. Md.

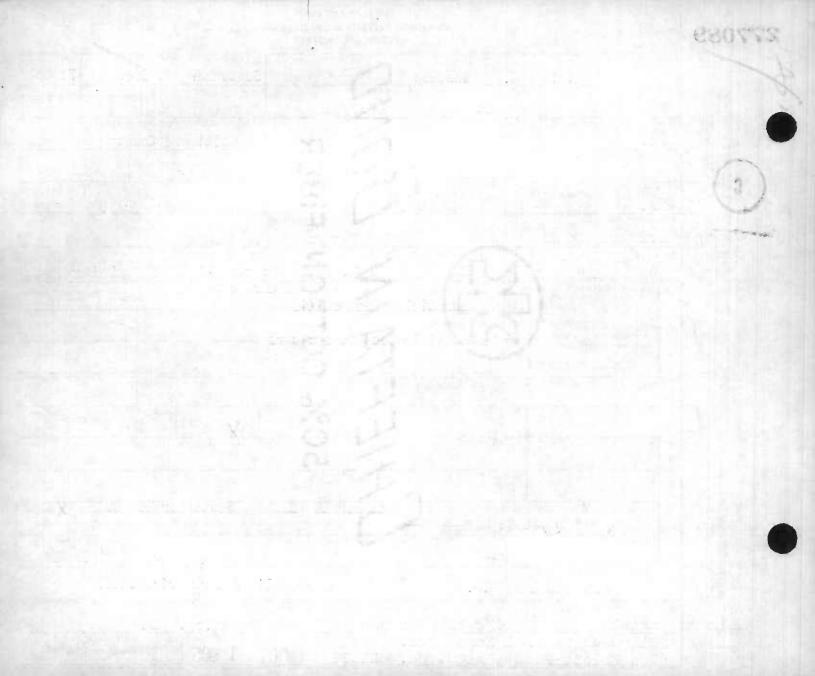
ROBERTIREO OR ALTENBURG FUNERAL HOME, INC.

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 4/83 (VRA 15, 4)



277089	1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO.	4 4 5 3)
1		EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
83		Elsie	J. Hensche	en		September 28, 19	985 7: 00p	M
7 1 23	3. SEX		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 P	HRS
4 9 B	27	emale	Cauc.	1	/23/02 YEAR	83 _{YRS.}	NONTHS DATS HOURS M	I IN.
S S S S S S S S S S S S S S S S S S S	M	d.	USA	V2 I	D NEVERMARRIED	Baltimore County		MD.
1	MIC	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 		OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS INDUSTRY	OR
()		altimore	Franklin Square Hosp.			housewife	home	
1285	M M M FA		OTHER INSTITUTION GIVE RESIDENCE BEL TY 136 CITY OR TO Bal AIDDLE LAST	NWC	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	MIDDLE		13
1200	_	ernard Wills	MED FORCES? 1166 SOCIAL SE	CHRITYNIO	Bertha 17 INFORMANT	Unknown		
be seed		ES. NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)		K. Anne S	tockwell,2055 ir,Md. 21014	Rainier Ave	
requires that the death c een signed by the attendar it. Then please remove cort or to bursol, cremation, or y injury, or other traumatin	CATION		DUE TO, OR AS A CONSECUTIONS CONTRIBUTING TO	DUENCE OF		winal disease or condition giv		
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ician esticat ioliticat ioliticat ioliticat ioliticat ioliticat	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (EMER NATURE OF INJURY IN ITEM 18 P	ART (OR PART 2)	
Otherster otherster of this c	MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY	CE, FARM ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	Ę
ATTENDOS spinal er CTOR: At Affaction of the office of at Mealth		saw the deceased alive on above, (f (we) (did) (all re-	al) attended the deceased from September 28 19 New the body after death.			, to September 28 death accurred an the date and hou		
AL OR J		22b. SIGNATURE	foh			MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED	
o Funds o Funds heald be:		Jee-Joon			9000 Frank	lin Square Drive	21237	
21 2513	- (URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE	E
BP	В	urial			ns of Faith			
DHMH - 16 60M 7/84 (VRA 15, 4)		chimunek Fund 705 Belair Ro			21236 25a DA	TE REC'D. BY REGISTRAR 25h REGIST	RAR'S SIGNATURE	



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 71	
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	TALOR ATTENDING PHYSICIAN. The law requires that the death certificate be executed by the hospital or attending physician.
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260061	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	2 4	4 5 6
be ooth		CEASED NAME FIRST Nettie	0.	HER	RING	AST	September	10, 1985	3:15 PA
ge 4 ep		emale v	Thite		5. DATE C	E BIRTH24-1919	6 AGE (IN YEARS LAST BIR	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	
1 35	Ba	Ito., MD	JSA	WHAT COUNTRY	? 8. MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	Baltimore city o	re County OF DEAT	(H
135/	Ва	lto. Co.	11. NAME OF HOSPITAL, NURSING HOME (IF NOTIN SUCH FACILITY GIVE STREET ADDRESS). Franklin Square H				170 USUAL OCCUPATION OF THE CONTROL OCCUPATION OCCUPA	ind of business or Istry Co.	
135	13a S	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUN Balto		GIVE RESIDENCE BEFOR 130 CITY OR TOV		134 INSIDE CITY LIMITS?	5941 Clay	ton Ave.	, 21206
120	1	Alfred H	AIDDLE	Stra		15 MOTHER'S MAIDEN NA FIRST Edna	WIDDLE		lyers
ion and c	16a V	No	WAR OR DATES)		-1250	Robert A.		5941 Cla	
hat the death certificate by the attending physic osse remove carbon pape I, cremation, or removal, other traumatic event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per BY: CAUSE (a)	Congest	ive he	Balto., M art failure	D 21206	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause IaI, stating the underlying cause last	(b)	Termina RAS A CONSEQU	1 Meta	static carci	noma of brea	ıst	
equires in signed Then pl in to burn injury, o	CATION	PART 2 OTHER SIGNIFICANT CO Multiple				not related to the term			RT Iro
The low on the prior of the prior on the prior on the prior on the prior on the prior of the pri	CERTIFICAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATION	N WAS PERFORMED	YES NOXX	206. IF YES, WERE F IN CERTIFYING CA YES	
g physic g physic ertificate rial-trans ental Hyg fem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.A P.A	M. MONTH	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAI	RT 2)
TC-ADSPITAL OR ATTENDING PHYS retained by the hospital or otherdin TO FUNERAL DIRECTOR. After this is should be detached for use as the burn, with the State Dept of Health and Many MAPORTANT. If them 21 is marked or the	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET	CITY OR TO	own coun	TY STATE
		22a. I certify that (this haspite sow the deceased alive an abave, (V/we/(did) (aid No.	Sept.	deceased from 19	, 011	a that in (ing (our) apinion	35 to Sept.	ate and haur and from	
		M. SIGNATURY	3			DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF , d	110/85
		William Kirl	k, MD			9000 Frankl	in Square Dr	., 21237	
BP	23a. B	SURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 9-13-			emetery or crematory od Cemetery	23d LOCATION CITY OF TOWN Balto.,	Balto.	, MD STATE

6415 Belair Rd. 21206

250 DAJEREC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 1 1 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

John C. Miller,

Inc.

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270060	1	FOR STATE		TMENT OF HE	OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 5	24			
		REGISTRAR Donald	Charles Herrm	anterin	CATE OF DEATH	REG. NO.	24457			
1 25 1		OR PRINT) DONALI	7770000	LA	51	20 DATE OF DEATH MON		b HOUR		
1 11 2	1.5E)		4. RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF	40p M		
8 25 40		Male	Caucasian	Aug.	11, 1930	55	YRS DAYS H	HOURS MIN.		
34		RTHPLACE (STATE OF FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	MARRIED WIDOWEE	NEVER MARRIED DO DIVORCED	9 BALTIMORE COUNTY OF DEATH BALTIMORE COUNTY				
1 156		TOWS ON	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE GBMC	ET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Sales Mngr		BUSINESS OR Dealer		
	USUA 136. S Ma	at residence (if Nursing Home or 13b, country) and Balt	other institution give residence befo My 136 City Or TOV Cimore Randal	re admissioni Wn Lstow	134 INSIDE CITY LIMITS?	8519 Lucer	ne Road	21133		
100		Albert	L. Herrma		Marie	WIDDLE	Winkelm	an		
Popes Precio		VAS DECEASED EVER IN U.S. ARI VES DO OR UNKNOWN) (1EVES GIVI YES KOT	E WAR OR DATES)	,	Patricia A	ADDRESS . Herrmann	Same as	# 13		
requires that the di- sen signed by the of a. Their please serva- nor to busint, cremits, y mighty, or other train	CATION		DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT F						
The form	CERTIFICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION		YES NO				
SCIAN o physical certifical colifical formal Bs	12.	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR		RED (ENTER MATURE OF INJURY IN	TEM 18 PART I OR PART 2)			
orbertal orbertal hand M riked or	MEDICAL	216 INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
ATTENDIN uphtel or CTOR at the use or of the lit		abave, (1) (we) (did) (did na	tal) attended the deceased fram. 19 19 19	, and		5 , ta 9/19 death accurred an the dote a	and hour and from the car			
TALOR y the hu sal Digital defoction none Dept		Edwin A	odlugue 1	uD	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9/19,	/85		
O HOSPITA charled by TO FUNERA thould be d with the Sha MPORTAND		DR. E. RODR	IGUEZ		GBMC					
BP	23a B	Burial Burial			Ridge Cem.	Pikesvill	e Balto.	MD		
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director a c Na bb Funera	al Home Cato	onsvil	le, MD	25 1985	C TO MODE TO SERVE			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTI	CAIL OI DEATH	REG. N	0.		
100	ECEASED NAME FI	ROY MIDDLE W	HETHE	AST HETHERINGTO	N20 DATE OF DEATH	MONTH DAY	PS /	HOUR / 35AN
	more	4. RACE CAUC	5. DATE C		6 AGE (INYEARS LAST BIR	THDAY) IF UND		UNDER 24 HRS UURS MIN.
7a.	BIRTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O			
	Missouri	U.S.A.	WIDOWE		13/20		2219	MD
K	THE TOWN OF DEATH	OND. NAME OF HOSPITAL,	TO COUR	1 - 1	(TYPE OF WORK FOR MOST C Retired	F WORKING LIFE) IN		usiness or t er
30	STATE 13b		OR TOWN 1erville	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	-	210	093
Tie:	William	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE		TAST	
160	WAS DECEASED EVER IN U	H. Hetheringt	IAL SECURITY NO.	Celia 17 INFORMANT	Ann	SS .	Webst	ter
		YES GIVE WAR OR DATES)	7-6340		etherington		s #13e	e
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24	NAME	Towson Funeral	Home, Inc		EP 30 1985	25b. REGISTRAR'S	SIGNATURE	indess.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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٦	160 WAS DECEASED EVER IN U.S. ARM		AL SECURITY NO.	17 INFORMANT	ADDRE	Brooklyn,	N.Y.	15.1
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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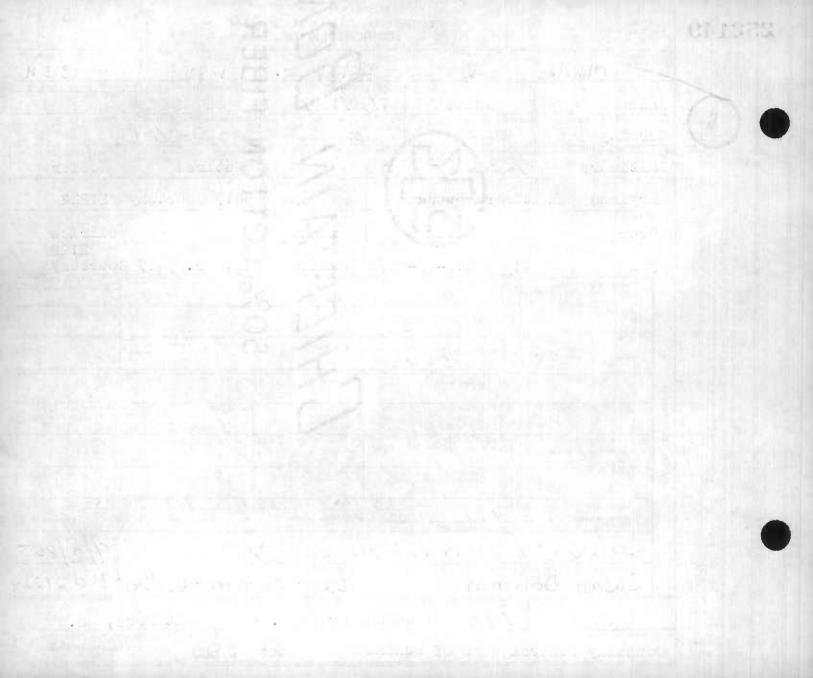
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DIVISION ATTENDINGS PHY NO ATTENDINGS PHY DIRECTOR After the bushed for use at the b	Z	20.5	7.5
OK ATTENDING: P the hospital or other DRECTOR, After 1 suched for use as the	2	3.2	2.7
DIV COR ATTENDING the hospital or or DRECTOR After suched for use as 1	22	- A	0.0
OR ATTENDOR The hospital or ORECTOR: All	2	2 5	2 =
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252149	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	24461
moy be page 3		Charles	MIDDLE 4. RACE	S. DATE C		9-1-95 6 AGE (IN YEARS LAST BIRTY	
	and a	ale -	White		30/1897 ***	88	YRS DAYS HOURS MIN.
	G	RTHPLACE (STATE OR FOREIGN COUNTRY) Prmany	76 CITIZEN OF WHAT COUNTRY USA	MARRIE		Dal	COUNTY OF DEATH
4 90	Ba	altimore	11. NAME OF HOSPITAL, NURS	ET ADDRESS	or other institution	120 USUAL OCCUPATION Retired	
T PROPERTY OF	13a S Ma		timore Dunda	WN	13d INSIDE CITY LIMITS? YES NO 🐴	34 7 COUL	tway 21222
1000	2	THER'S NAME George	Hobel Hobel	12	Minnie	WIDDLE	Ullrich
Poget /	- 0	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI YES WW	MED FORCES? 166 SOCIAL SEC 11 216-05		Charles Ho	bel, Jr. 3	C12C2
hat the death certificate by the aftending physici are remove cochon page of a cemation, as removal other traumotic event, if			DUE TO, OR AS A CONSEQ	UENCE OF	nea		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the law requires 1 on. hos been signed permit. Then pie eve prior to bury, on	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			200 AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
C PHYSICIAN 1 otherding physic the this certificate the busicificant card Namici High	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDIC AL EXAMINE 21d. INJURY OCCURRED AT WORK AT WORK	HOUR A.M. MONTH	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	
HOSPITAL OF ATTENDING OF TUNES OF THE HOSPITAL OF THE HOSPITAL OF THE STATE OF THE		22a. I certify that (I) (this hasp	Denna	85.0	DEGREE ATTENDING PHYSICIAN [122e ADDRESS	FDICAL STAFI	AN 17/3/85
TO HOS TO FUN With the With th		Susan De			EMETERY OR CREMATORY Park Cem.	Stem Ave	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		Rurial UNERAL DIRECTOR Onnelly Fune	ral Home of		25a DAT	E REC'D. BY REGISTRAR 2	TIMOre, Md.



(VRA 15, 4)

Anatomy Board

264088

	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 4 CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME FIRS	1	MIDDLE	ı	AST .		20 DATE OF DEATH	MONTH BA	Y MAR	7h. HOUR	
AOSS	(TYPE	ELIZABET	*	D.		EMAN			9 15	- 85	5	PM
41700	3 SE		4 RACE		5. DATE C		YEAR	6. AGE IN YEARS LAST BE	THDAY)	CHOIR I YEAR	# UNDER T	M 1495
7 100 A	1	R	CAL	IC.	8	22	01	84	YRS.		1	
4 11 20		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN	OF WHAT COUNTRY	MARRIEI WIDOWE	D NEVER M	ARRIED O	9 BALTIMORE CITY OR COUNTY OF DEATH Balto. City				MD.
4 4 7	10 CI	TY OR TOWN OF DEATH Balto.		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) // 6110 Bellinham Court				12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] HOUSEWIFE				
1 11 30	USU/ 13a S	AL RESIDENCE (IF NUR. 10) STATE Md.	ME OR OTHER INSTITUT	134. CITY OR TON	re admission) WN	13d INSIDE CT	NO	13e.STREET ADDRESS 6110 Bell:	/ ZIP CODE inham C	ourt	2121	0
030	A.	THER'S NAME FIRST George	MIDOLE W.	Dubbin			MAIDEN NAME PARTICE	WIDDLE		Dunde:	rdale	
1		VAS DECEASED EVER IN U.	S. ARMED FORCE		URITY NO.	17 INFORMAL	NT	ADDR	ESS 4621	Wiln	slow	Rd.
1 1		No	ts, one war or oare	212-32-	0773	Mrs	s. Laur	enson Myer	Balt	O., M	d.	
upee by the office of physics of the office	z	Canditians, if any, whice gave rise to immedio cause (a), stating the underlying cause last	DUE TO the DUE TO the DUE TO the DUE TO the Color of the DUE TO (c)), OR AS A CONSEOL	JENCE OF			INAL DISEASE OR COP	IDITION GIVE	N IN PART 1	(a)	
on hos been to permit to permit ows only in	CERTIFICATION	19a DATE OF OPERATION	.19b CO	NDITION FOR WHIC	H OPERATIO	N WAS PERFOI	RMED	200 AUTOPSY?		WERE FIND ING CAUSE		TH?
PHYSICIAN: T therading physici r this certificate the buriol-tronsi and Mental Hygi	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EXP 21d INJURY OCCURRED WHILE NOT WHILE	OF DEATH AMINER) 21e PLA	E OF INJURY A.M. MONTH [P.M. CE OF INJURY E STREET, FACTORY, OFFICE	19	216 HOW IN.		RED (ENTER NATURE OF IN)		COUNTY	5	STATE
TTENDING pital or of pital or of for use os for Health of Health o		22a.1 certify that (1) (this sow the deceased all abave, (1) (we) (did) (c	haspitali attender	unher 15 19	0-1	int 26 and that in (my)	, 19 <i>85</i> (aur) opinian	death accurred on the		and from the	that (1) (v	
AL OR A The hosy the hosy deteched ore Dept The Hem		226. SIGNATURE The Isabel	le Mac	gregor		1 D F		MEDICAL STA	FF CIAN 🗌	22¢ DATI	E SIGNED	
O HOSPITAL stoined by the CO FUNERAL hould be deturbly the Stote			E MAC	GREGOR			UICK,	700 W 404	LSTREE	T, BAL	ורו. סדי	D .
BP		BURIAL, CREMATION, REMO (SPECIFY) Removal	9/15		NAME OF C	EMETERY OR C		23d. LOCATION CITY OF TOWN		COUNTY	3.3	TATE
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		ADDRESS			156. DAT	E REC'D, BY REGISTRAL	THE RECIGINA	PRO DESINA	(Old:	

Balto., Md.

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0140	/	STATE REGISTRAR			DDIE		CATE OF D	EATH	REG.		AY YEAR 12	. 1
31/		OR PRINT))	N	DEEN	1011	20 DATE OF DEATH	0 -	0 00	12:20 PM
UNIT!	3. SE:	1 1 - 1	4 RA			5. DATE O	F BIRTH	TRN	6 AGE (IN YEARS LAST !		FUNDER I YEAR	IF UNDER 24 HRS
all	7	NAIE	C	au.		MONTH 9	11	12		73 YRS.	ONTHS DATS	HOURS MIN.
動かり		RTHPLACE (STATE OR FOREIG	-		HAT COUNTRY	0 0	NEVER M		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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(1 X	10 C	TY OR TOWN OF DEATH		(IF NOT IN SUCH	DSPITAL, NURSI	T ADDRESS)			12a USUAL OCCUPA (TYPE OF WORK FOR MOST		126 KIND OF INDUSTRY	BUSINESSOR
	USU	AL RESIDENCE (IF NURSING HO	S ONE OF OTHER		DSEPT		SPIT	AL	Accounta	int	Reti	red
1	13a S	STATE 13b	COUNTY		3c. CITY OR TO	WN	13d INSIDE CI		13e.STREET ADDRESS		7	21224
	14 FA	Md	Balt	٥. ا	Balto			MAIDEN NAM	2901½ Li	nwood	Ave.	21234
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9 9 7	16a V	VAS DECEASED EVER IN U.		FORCES?	66 SOCIAL SEC		17. INFORMA		ADD	RESS	1206	
and and			I.W.	II	212-05-	-8606	Mary	Fratta	a 5855 Be	enton	Height	s Ave.
ysicio opers vol.	1/2	18 CAUSE OF DEATH IEM	ter only on	e couse per li	ne for (0), (b), 0	ind icid			410		BETWEEN ON	ATE INTERVAL
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endir endir in, or matic				DUE TO, OR	AS A CONSEOL	UE CE OF	0				-400	
e off		Conditions, if any, whi gove rise to immedia couse (a), stating t	te)	16)	750	V					yen	ν
by the cose ref. Creek		underlying couse lo		DUE TO, OR	as a conseou	UENCE OF						
gned n ple burio ry, or		PART 2 OTHER SIGNIFIC	ANT CONE	DITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	,
en sin	Į.	Folumon	itis	, diss	ctte m	elletu	e/non	nonla	depende	1),n	10.00.	nten
low os be	FICA	190 DATE OF OPERATION		196 CONDIT	ION FOR WHIC	H OPERATIO	NWAS PERFO	RMED	20a AUTOPSY?	IN CERTIFY	RE FINDING	OF DEATH?
sicior sicior por hinsit prinsit prins	CERTIFICATION	21a. ACCIDENT WAS UNDERLYI	NG [21b. TIME OF	INJURY		21c HOW IN	JURY OCCURR	YES NO	JURY IN ITEM 18 PAI		NO 🗌
physical phy		OR CONTRIBUTING CAUSE		HOUR A.M	. MONTH	DAY YEAR						
his ce burn and the ce burn an	MEDICAL	21d. INJURY OCCURRED		21e PLACE O			211. LOCATIO	N	CITY OR	TOWN	COUNTY	STATE
offer the honor ho	×	AT WORK NOT WHILE		(AT HOME STREET	T FACTORY, OFFICE	, PARM EIC)	3				Pro- III	
NDI Or USE OF Health is mo		22a 1 certify that (1) this						. 19	, to	1		not (1) (we) lost
ATTE Ospite ECTO of for it of l		sow the deceased of above, (I) (we) (did) (i 27b, SIGNATURE	did nat vie	w the bady a	fter death.		DEGREE	(our) opinion o	leath accurred on the	dote and hour	22¢ DATESI	
the half of the half of the half of the best of the be		220. SIGNATURE	21	5	T. Wall	784	A	TTENDING PHYSICIAN	MEDICAL ST	AFF	7/3	0/85
ob by one R. Diversity of the diversity of the Story of t		22d PHYSICIAN'S NAME	TYPE OR PRIN	IT)		10.00	22e ADDRES	S	001	2 0		1
TO FUNERA Should be de with the Stol		K. HAB	EK:	HT.			214 1	At. Ca	rmel Rd	, Park	Im C	1120
BP		BURIAL, CREMATION, REM		10-1-			emetery or c		Ba I to	Ba	1to.	Md.
DHMH - 16 60M 7/B4		UNERAL DIRECTOR			ADDRESS			25a. DA	R C'D. BYEGOR	324	ARG SIGNATU	misto
(VRA 15, 4)	J	ohn C. Mil.	ler :	Inc.	6415 B	elair	Rd.			0		
	_											

636. 23 83 AND MANUAL MANUAL COME AND REAL VALUE DONES - CHARLES AND AND AND AND

FOR STATE

PART I. DEATH WAS CAUSED BY.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 2 4

4 4 6

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		1			
I. DECEASED NAME FIRST	BLANCHE	HOFMANN	September 16.		26 HOUR 1			
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 MRS			
Female	White	April 16, 1897	88 YRS	MONTHS DAYS	MOURS MIN.			
7a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	Baltimore County of DEATH Baltimore County					
Catonsville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Frederick Villa		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Homemaker 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) NDUSTRY Own Home					
USUAL RESIDENCE (IF NURSING TOME 130 STATE 135 CO	OROTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13¢ CITY OR TOW Baltimor	N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL 733 Charing		ad 21229			

A FATHER'S NAME FIRST William MIDDIE	Parks	15. MOTHER'S MAIDEN NAME Annie	WIDDLE		Lewis
60 WAS DECEASED EVER IN U.S. ARMED FORCES?			ADDRESS	- 7	
NO (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	217-01-9419 D	Iris L. Hofmann	Same as	; # 1	L3
THE CALLES OF DEATH S.	1 1				APPROXIMATE IN

MMEDIATE C	AUSE (a)	11000	[february		1010
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF		e frain.		5 mg
PART 2 OTHER SIGNIFICANT COM	POLITIONS CONTRIBUTING TO DEATH BUT		MINAL DISEASE OR CONE		RT 11a
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED USES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	RT 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUN	TY STATE
220 I certify that (I) (this hospital) saw the deceased alive on above, (I) (1)	of the body other death.	nd that in Imy Contropinion	death accurred an the da	te and have and frai	
Alle	Can May Al	- ATTENDING	MEDIE'AL STAF	IAN []	9/16/85

J. Nelson McKay M.D. 1132 N. Rolling Road, Baltimore, Md.21228

230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION

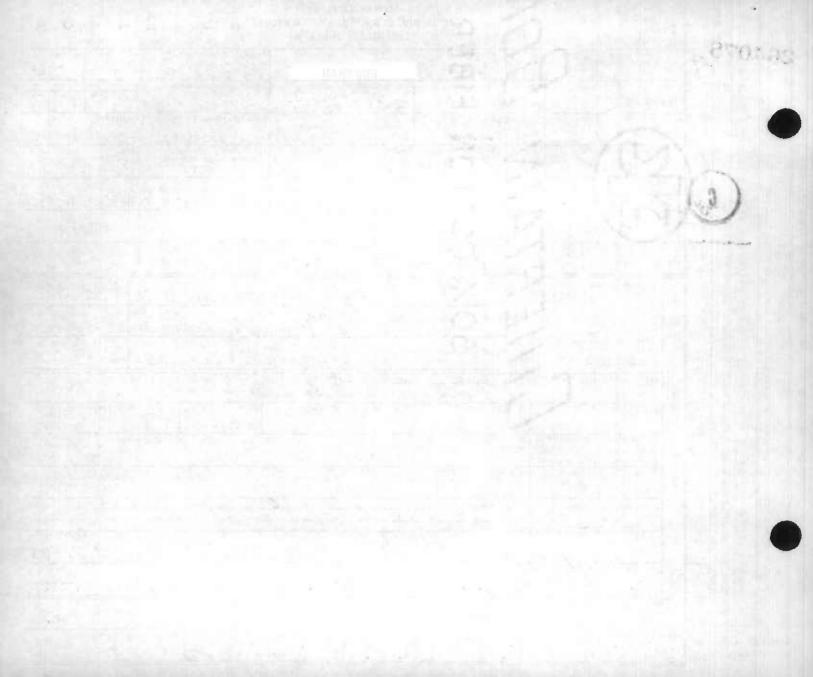
22e ADDRESS

Burial 9/18/85 Loudon Park Cemetery Baltimore MD.

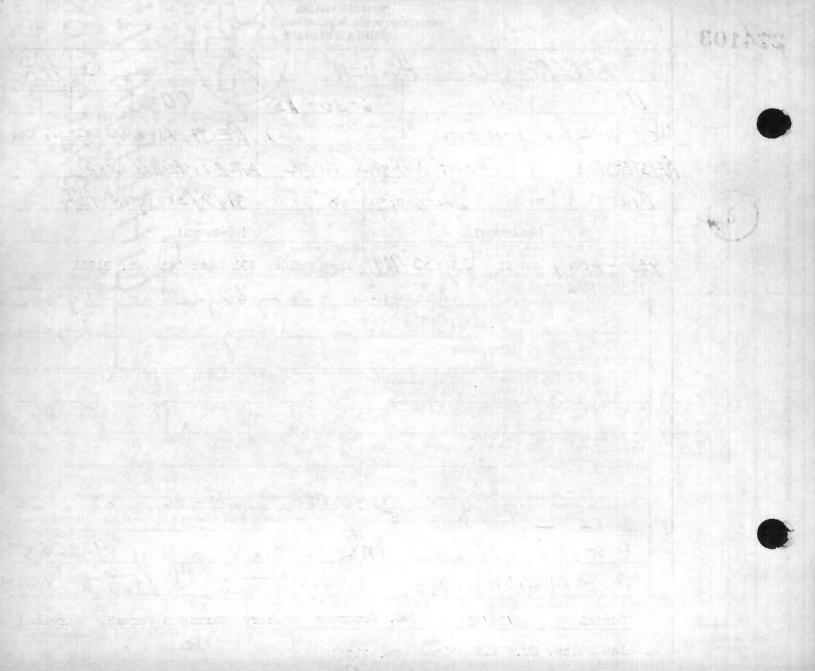
236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 COCATION COUNTY BUT ON BALTIMORE ON THE PROPERTY OF THE PR

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Hem 21 is



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST. 20. DATE OF DEATH MONTH (TYPE OR PRINT) 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TOWN Balto., Co. WIDOWED DIVORCED DE NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY RODY FENDER WORK BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOW OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) **EDUNTY** 13d. INSIDE CITY LIMITS? NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST LAST (unknown) (unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Faye Holden 431 West 24th St. 21211 WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line) rio, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/1 DIVISION OF VITAL RECORDS, 0 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [Hygic 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDIC Ž 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 54 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on , and that in (my) (and apinion death accurred on the date and hour and from the causes stated abave, (1) (west (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL Cold be detailed the State C 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) COUNTY Md. Veterans Cemetery Burial 9/30/85 Garrison Forest. Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURES 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Alan Seitz, Jr. 3818 Roland Ave. 21211



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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A STREET !		REGISTRAR			CERTIFICATE	OF DEATH	REC	. NO.				
1149		CEASED NAME FIRS	51	MIDDLE	LAST		20. DATE OF DEAT	H MONTH	DAY	YEAR	26 HOUR-	
1 1	(ITFE	Helen	1	М.	Houston			9	14	1985		
4	3. SE	Х	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAS	T BRTHDAY)	IF UP	DER I YEAR	IF UNDER 24 HE	
1	Fe	emale	Whit	е		1 1898	8	37 YR	S	HS DAYS	HOURS MI	
12 16	7a 81	RTHPLACE (STATE OR FOREIG	76. CITIZEN	OF WHAT COUNTRY	? 8	EVER MARRIED	9 BALTIMORE CIT		-	DEATH		
2	Pe	ennslyvania	US	A	WIDOWEDXX	DIVORCED	Baltimon	e Cou	ntv			
11/	10 CI	ITY OR TOWN OF DEATH		OF HOSPITAL, NURS	ING HOME OR OTHE	R INSTITUTION	170 USUAL OCCUP	PATION	1	126. KIND OF BUSINESS OF		
3 6/1	Du	ındalk		Kimberly I			Housewif		O MES I	Home		
2 ALC	USU,	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUT	130 CITY OR TO		SIDE CITY LIMITS?	13e STREET ADDRE		005			
		134	ltimore	Dundalk			8020 Kim			212	222	
Salar .	14 FA	ATHER'S NAME			15 MO	THER'S MAIDEN NA	ME					
1120		Patrick	MIDDLE	McKenna	a :	Bridgett	MIDD	LE.		Lynot		
		WAS DECEASED EVER IN U				ORMANT	AD	DRESS				
2 17	No		YES, GIVE WAR OR DATE	212-28-2	2417 Mis	s Helen H	ouston Sa	me as	136			
ě d		18 CAUSE OF DEATH (En	ator only one couse				oub con be	ane ab	1		MATE INTERVAL	
ent,	300	PART I. DEATH WAS C	CAUSED BY:	A. L. F.	nfar CTS	cerebi	_/			Briwein	INSET AND DEAT	
re e		1/4//4/		O. OR AS A CONSEQU								
tro tro		Conditions, if ony, whi gove rise to immedia	ote			Dement	ia					
een signed by the of	NOIL	gove rise to immedia couse (a), stating to underlying couse to PART 2 OTHER SIGNIFIC	ote the DUE TO tost (c) ANT CONDITION:	Basal SCONTRIBUTING TO	UENCE OF COLL COLL COLL COLL COLL COLL COLL C	LATED TO THE TERM	MINAL DISEASE OR C					
mit. Then ples prior to buriol ony injury, or	FICATION	gove rise to immedia couse (a), stating t underlying couse lo	ote the DUE TO tost (c) ANT CONDITION:	Basal SCONTRIBUTING TO	Lell C	LATED TO THE TERM	78a AUTOPSY?	20b. IF	YES, WI	ERE FINDIN	IGS USED OF DEATH?	
mit. Then ples prior to buriol ony injury, or	RTIFICATION	gove rise to immedio couse (o), stoffing to underlying couse to PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION	ANT CONDITION:	O, OR AS A CONSEOU BUSAL S CONTRIBUTING TO NOTION FOR WHICE	UENCE OF COLL D DEATH BUT NOT RE	LATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF IN CE	YES, WI RTIFY INC YES	ERE FINDING CAUSES	IGS USED	
rransit permit. Then ples Hygiene prior to buriol 18 shows any injury, or	CERTIF	gove rise to immedio couse (o), stofing to underlying couse to PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	ANT CONDITION: 196 CO	Basal SCONTRIBUTING TO	UENCE OF CEU C D DEATH BUT NOT RE H OPERATION WAS	LATED TO THE TERM	78a AUTOPSY?	20b. IF IN CE	YES, WI RTIFY INC YES	ERE FINDING CAUSES	IGS USED OF DEATH?	
rronsit permit. Then ples I Hygiene prior to burio 18 shows any injury, or	CERTIF	gove rise to immedio couse (o), stoffing to underlying couse to PART 2 OTHER SIGNIFIC. 19a DATE OF OPERATION	ANT CONDITION: 19b CO NG	O, OR AS A CONSEQUENCE OF INJURY	DEATH BUT NOT RE H OPERATION WAS DAY YEAR 19	LATED TO THE TERM PERFORMED DW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF IN CE	YES, WI RTIFY INC YES	ERE FINDING CAUSES	IGS USED OF DEATH?	
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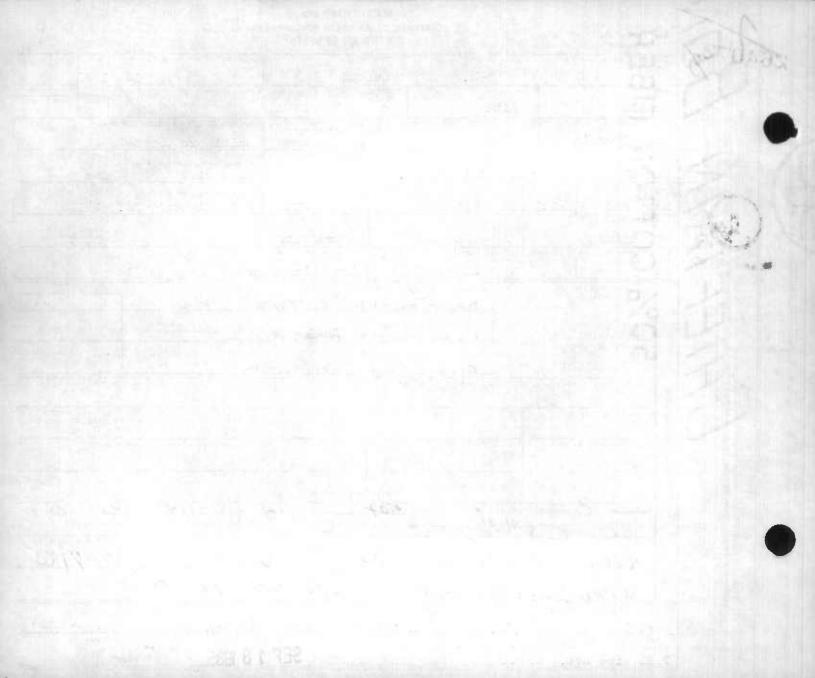
DHMH - 16 60M 7/84 (VRA 15, 4)

Baltimore, 7922 Wise Ave.

Maryland

SEP 1 8 1985

lie Davidson- Mandall



the funeral director, page 3 d withm-2 hours ofter death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO).			
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l	3 SEX	4. RACE	5. DATE OF BI		6. AGE (IN YEARS LAST BIR)	MONTH MONTH		HOURS 1	MIN.
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1	76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8 AAA PRIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	-	
7	mo	USA	WIDOWED	DIVORCED	BAIT	more	Col	unty	MD
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		THER INSTITUTION	12a. USUAL OCCUPATION		26. KIND OF	BUSINES	SOR
1	Randaustown	Buttimore Co	. Gene	irel Hospita	TYPE OF WORK FOR MOST OF	WORKING LIFE]	NDUSTRY		
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₫	A FATHER'S NAME	MIDDLE LAST	15.	MOTHER'S MAIDEN NAM	WE		1457		
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ì	WAS DECEASED EVER IN U.S. AR		URITY NO. 17	INFORMANT	ADDRE				
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I	Control of the second	DUE TO, OR AS A CONSEOL	JENCE OF	GION					
ı	Conditions, if ony, which gove rise to immediate	(b)	1014	5/1//				-	
ı	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	JENCE OF	Declare A.	mest				
ı		(c) 0// . [0	then /	11/11 //	11001				
ı	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON)ITION GIVEN II	N PARI IIo		
+	190. DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING	1 1 00/- 1	<u> (/ '/</u>	55.	20a AUTOPSY?	20b. IF YES, WE	DE ENIDA	CELIEFE	
	DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	ZUG AUTOPSTZ	IN CERTIFYING	3 CAUSES (OF DEATH	?
	II W		1		YES NO	YES [,	№ □	
1	OR COLUMNIC CHIEF OF DE		AY YEAR	t. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T	OR PART 21		
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED		19						
ı	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		LOCATION STREET	CITY OF TO	WN	COUNTY	STA	ATE
1	WHILE NOT WHILE AT WORK	(AT HOME SHEET, FACTORY, OFFICE,	TARM ETC.)						
ı	220.1 certify that (I) (this hospi	ital) attended the deceased from.		, 19	, to		, tl	hot (I) (we	e) lost
ı	sow the deceased alive on	19_ of) view the body ofter death	, and th	at in (my) (our) opinion o	deoth occurred on the do	ite and hour and	d from the co	auses state	ed
1	27b. SIGNA URE	1 D A	DEG	REE			TIL DATE S	GIGNED)	
ı	-1191665	1 Sypo		ATTENDING PHYSICIAN	MEDICAL STAF		9/13	7/8	7
Н	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1 7 22	e ADDRESS	DIRECTOR PHISIC	AJA	7. 4	1	
	401522	7 SUF	1)	RAITIMA	DE COUNT	TV GF	·W	2/00.	2
+	220 BURIAL CREMATION PERSONAL	1/2 04/5	NAME OF COM	UMAIIIVA	123d LOCATION	1 00	/	100/	
	23a BURIAL, CREMATION, REMOVAL	73b. DATE 250	IAWWE OL CEWE	JERY OR CREMATORY	CITY OR TOWN	11/0 09	UNITY	1 Sta	in r
	DUKIAL	110-00	111 4101	celo cerre	JH WKES	V1110 (ano	11 1	1111

requires that the death certificate be executed within 24 hours often DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 PHYSICIAN: The low ATTENDING etoined by the hospitol TO HOSPITAL

> DHMH - 16 50M 4/83 (VRA 15, 4)

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should be detoched for use as the buriol-transit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remove IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other troumatic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

24 FUNERAL DIRECTOR

STAR 25H REGISTAR'S SIGNATURE



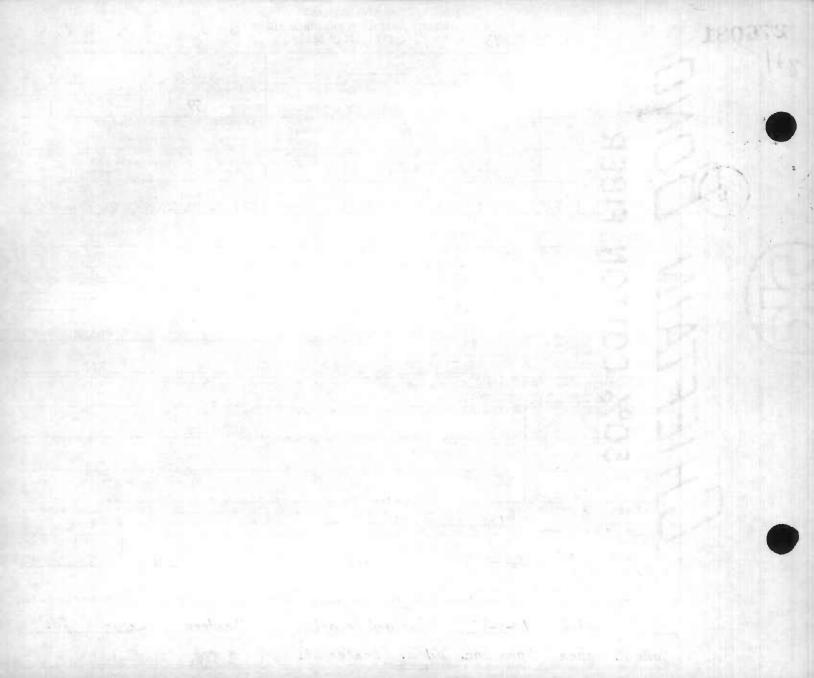
STATE OF MARYLAND

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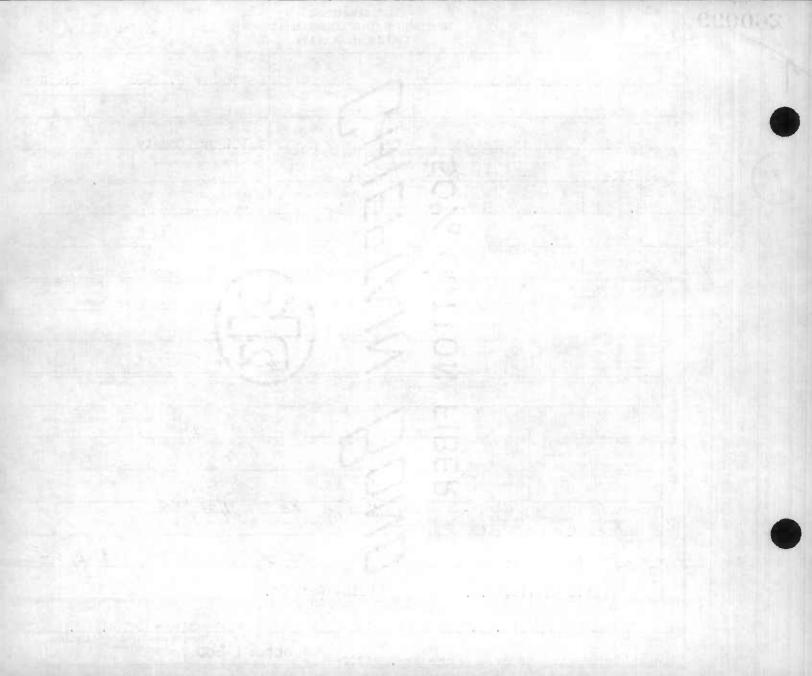
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(+)		CEASED NAME	FIRST		MIDDLE		LAS			20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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2 4	3. SE	X		4 RACE		5.	DATE OF		YEAR	6. AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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11117	S E	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?						20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
28 25 6Z	1 1	11.10							ULL C	YES NO	Y	ES 🗌	NO [
September 1	AL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DE	ATH HOUR A	DF INJURY m. MON	TH DAY	YEAR	? Ic. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
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26-213	23a	BURIAL, CREMATION, R	EMOVAL			23c NAM		METERY OR CREM		23d LOCATION		COUNTY	STATE
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DHMH - 16 60M 7/B4		UNERAL DIRECTOR	0	C	n 4	IQDRESS (**	C1			REC'D. BY REGISTRA	1 1/		
(VRA 15, 4)	1 9	ohn M. Web	er d	Jons S	nc. 4	101).	he	ster It	007	7 1 1005	Ausia.	Davidson	7D. J. an



260039	-2	FOR			DEPART		E OF MAKYLAND IEALTH AND MENTAL HY	GIENE 8 5	2 /	1 4 7 1
/	1-	STATE REGISTRAR			DEI ANI		ICATE OF DEATH	REG. I	NO.	
		CEASED NAME	FIR51		MIDDLE		AST	20. DATE OF DEATH		YEAR 26 HOUR
3 + D		ON PRINCIP	Home	r JACKS	ON	1010		September	6. 1985	2:10a M
9 44	1 SE	K		4. RACE		5. DATE		6. AGE (IN YEARS LAST B	IRTHDAY) IF UN	NDER I YEAR IF UNDER 24 HRS
# 111		ale		White	LINE COLLEGE	July	24, 1924	9 BALTIMORE CITY	YRS	
# 12 Jy	a Bi	RTHPLACE (STATE OR F	OREIGN	/6 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED			DEATH
1 14 Ct	TU C	Georgia ITY OR TOWN OF DEA	TH	II. NAME OF		WIDOW	DR OTHER INSTITUTION	Baltimore	County	MD 2b. KIND OF BUSINESS OR
の行る力	De	00001110		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE)	NDUSTRY
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1 11/0/	14 FA	THER'S NAME		MIDDLE	LAST	7.74	15. MOTHER'S MAIDEN NA	AME MIDDLE	ort Lane	LAST
1 1000		Homer Lee					LaVert		Hobbs Hobbs	(43)
dice di		VAS DECEASED EVER YES, NO OR UNKNOWN)		RMED FORCES?	166 SOCIAL SEC		17 INFORMANT			
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s be	CATI	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
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Al alt		saw the decease above (1) (we) (c				0	nd that in (my) (aur) apınıar	death occurred on the	date and have and	
A SOL HOS A SOL		226. SIGNATURE	7	yiew ine body	direr dedin	1	DEGREE	/		224 DATESIGNED
7 19 19 19 19 19 19 19 19 19 19 19 19 19		1	Du	les		N		MEDICAL ST.	AFF ICIAN [9/10/15
OSP ed b d be RTAN		224. PHYSICIAN'S N					22e ADDRESS			
TO HOSP retained TO FUNE Should be divided to with the SMPORTAN				Illis, M			1134 York R			
		SURIAL, CREMATION,	REMOVAL				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	col	UNTY STATE
BP	24 FI	Burial UNERAL DIRECTOR		Sept.	9.1985 H	olly_	Hill Cemetery	TE REC'D. BY REGISTRA	RIVER BAL	SSIGNATURE OF
DHMH - 16 60M 7/84 (VRA 15, 4)		onnelly Fr			ADDRESS		SE SE	P 1 1 1985	- www.a	Jon - North

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



STATE OF MARYLA
DEPARTMENT OF HEALTH AND N

ND ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

)	1-	FOR STATE REGISTRAR		4 4	7	2					
		CEASED NAME FIRST	WIOOFE		LAST		REG. N		AY YEAR	2b HOU	R
	LITPE	Edna D.	Jacobs				Sept.	. 2, 198	85		M
1	3 SEX		4 RACE		ATE OF BIRTH		6. AGE (IN YEARS LAST 8		F UNDER 1 YEAR	IF UNDER	
		Temale	White		8 1	YEAR 19	66	YRS		HOURS	MIN,
1	o BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	COUNTRY?	RRIED NEVE	R MARRIED	9 BALTIMORE CITY				
2		Maryland	USA	WID	OWED	DIVORCED [ore Cow	nty		MD.
Z		TY OR TOWN OF DEATH		ITY, GIVE STREET ADDRESS		ASTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)			SS OR
4		St. Dennis AL RESIDENCE (IF NURSING HOME O	1829 Sut				Homemake	er	Hon	ne	
4	Ida S	STATE 136 COU	NTY 13c. (ITY OR TOWN	13d INSIDI	E CITY LIMITS?	13e.STREET ADDRESS				
2			ltimore S	t. Dennis	YES [NO (3)	1829 Sutto	on Ave.	21227		
34	1	ATHER'S NAME	WIDDLE	LAST	13 WOTHE	FIRST	WE		LAST		
Ы	Section 2015		C	Allen		Imma	I.	Buck:	ingham		
Z		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	SOCIAL SECURITY N	0	mani rge L.Jac		Sutton .			
	N	Vo.		20 -24-40	481 000	ge D. vac	Baltin	nore, 2			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA	SETWEEN O	NSET AND	DEATH						
6			DUE TO, OR AS	A CONSEQUENCE	OF LINE	NOWN	RIMAR	Y			
		Conditions, if ony, which gove rise to immediate									
9		cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF									
3			(c)		P. C.						
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTR</u>	BUTING TO DEATH	BUT NOT RELAT	ED TO THE TERM	RMINAL DISEASE OR CONDITION GIVEN IN PART 110				
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPER	ATION WAS PER	FORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEAT	H?
	CER	210 ACCIDENT WAS UNDERLYING			21c HOW	INJURY OCCUR	RED (ENTER NATURE OF IN	-			
		OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAY Y	19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC	211 LOCA	TION	CITY OR I	OWN	COUNTY	5	TATE
	2	WHILE NOT WHILE	The state of the s	CTORT, OTTICE TARM, ET		1. 0-	- 4	1	0	-	
-1		276.1 certify that (1) this hosp	The second second second			-, 19 <u>80</u>	_ 10 DEPTE	HEEK	, CB	Hat (II)	ve) lost
		bove, (I) we little didne	Were the budgetter	dehtli)		y) (our) opinion	death occurred on the	date and hour			ted
		HIGHATURE TO	II (A	1-10	DEGREE	ATTENDING	/ MEDICAL ST.	AFF	22c. DATE S	SIGNED	-
		Monay	AC-XXX	Alks	rin		MEDICAL ST.	ICIAN 🗌	1914	80	
		THE PHYSICIANS NAME LITTLE	7.0	02	22e ADDI		lkens Ave's	Dalti.	mama 01	1220	
-		DIANT TI	OKIFE	17				3 DSTT CII	Tore 2	449	
	1	BURIAL, CREMATION, REMOVAI	D/C/RC		OF CEMETERY C		23d. LOCATION		COUNTY	SI	TATE
		urial UNERAL DIRECTOR	7/5/95	Meado	wridge N		Howard C	Place DECISTE	21227	wonda	90
		ry Laufman]	Funeral Hon	ne ADDRESS		Zig. DAT	FP 4 198	5 A TOUR	CILDICATOR	Ale	
	56		cridge, Mar		27		FI 3 100	10			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 win	0	6	0.0	7	
5	2	aller a	0 3	1	

7		REGISTRAR		CERTIF	ICATE OF L	EAIN	RI	EG. NO.))	
		ORPRINT) Grace	Marie	Jaeg	er		Sept.		5	26 HOUR 1	P. M
	3. SEX	Female	White	5. DATE O	DAY	1898	6 AGE (IN YEARS)	AST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HR	S.
	70 BIF	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	- D MENEO		9 BALTIMORE C	ITY OR COUNTY	OF DEATH		_
d		nchester, Md.	U. S. A.	WIDOWE		VORCED [nore Co			MD.
		tonsville	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE 800 Ingles	STREET ADDRESS)	enue	Pr	incipa	l Clerk	126. KIND C INDUSTRY -Sta	te of	M (
0	Ho. S		NIY III CITY OR			NOX	130 STREET ADDR	ress / zip code			
2	14. FA	THER'S NAME GEORGE	T. Nanch	ey		s maiden nam ttie		DDLE	Redd	ing	
10.00		VAS DECEASED EVER IN U.S. AR YES, NO OR HUKNOWN) (IF YES. GIV	COSTAG GO GAVA B	SECURITY NO. 2-5592		NI Cook Richa		roll-11			il
11/1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY:	or vase	lar c	ucila	r (cv	4)	BETWEEN	MATE INTERVAL ONSET AND DEATH	R_{\bullet}
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	unda	tu c	arlin	man lon	duary	1	40	_
	TION	PART 2 OTHER SIGNIFICANT (CONDITION GIV			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFO	RMED	YES NO	IN CERTIF	, WERE FINDI YING CAUSES	NGS USED S OF DEATH? NO	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTERNATURE (OF INJURY IN ITEM 18 P.	ART (OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC)	211 LOCATIO	N	CIT	YORTOWN	COUNTY	STATE	
		220 I certify that (I) (this layer saw the deceased alive an above, (I) (we) (did) (did)	ottended the deceased f	0 - 1	d that in (my)	, 19	, to Assistant and an	the date and have		that (I) (was) lo	ast
		226 SIGNATURE Th	estite	M.	DEGREE A	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN 🗌	9-	SIGNED	_
		JOHN A NE	SBITT IR		120 ADDRES		ERICKI	RD. CAN	575VI	21228	ID.
	(:	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 9/11/85	231 NAME OF CE	Park	Cemet	23d LOCATION	iltimor	e, Ma	ryland	1
		ineral director Sterl 36 Edmondson	ing Funeral	Estate	2, P.	A 250 DATE	EP 10 19	185 PEGISTI	RARISSIGNA	Madage	
1			, , , , ,	, , , , ,				1.00			==

ATTENDING PHYSICIAN: The

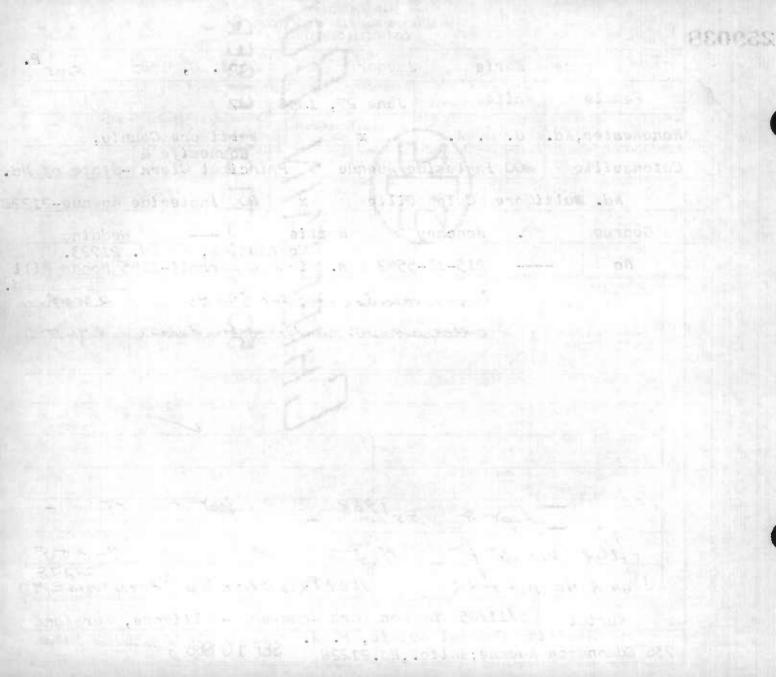
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate should be detached for use as the buriol-transit with the State Dept. of Health and Mental Hy.

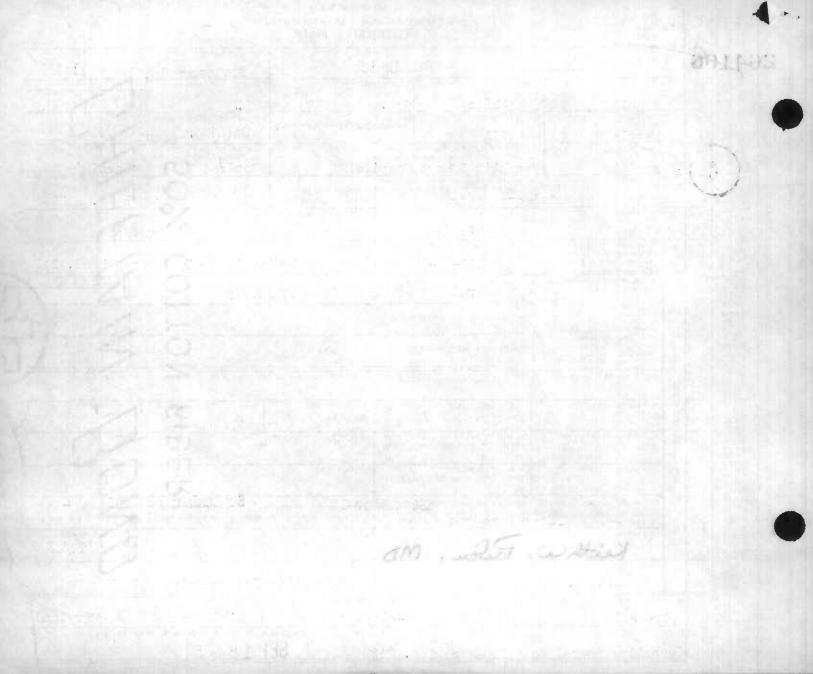
IMPORTANT: If Item 21 is marked

(VRA 15, 4)



SEE.	1.	STATE REGISTRAR			DEI		IFICATE OF I		REG.	NO.	de de la constante de la const	
64106		ASED NAME OR PRINT)	Elmer		WIDOLE	Jankie	Wicz		20 DATE OF DEATH	w ₂	DAY YEAR	1:39P
ofter, pe	1. SE			I RACE	. + 0	MC	E OF BIRTH	YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER : YEAR	HOURS MIN
35 House		Male RTHPLACE (STATE ORI COUNTRY) Maryland	FOREIGN)	b. CITIZEN OF		MAR	RIED NEVER		9 BALTIMORE CITY Baltimo			1
03	ROSSVILLE WOLL RESIDENCE (IF NURSING HOME O			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital			120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired	OF BUSINESS O				
38							13d INSIDE O	ио [★*	13e.STREET ADDRES			21221
030	1	Michael	Jankiewicz IS. MOTHER'S MAI			FIRST ie	MIDDLE Huffman					
Popes Popes		VAS DECEASED EVER YES NO OR UNKNOWN) YES		WAR OR DATES!		L SECURITY NO 4-0058			icz 1806 M	iddleb	orough	Rd. 21
physica npopert repol.		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y ane cause pe BY CAUSE (0)	Carcin	oma of	Lung wit	th Meta	stasis		BETWEEN	XIMATE INTERVAL ONSET AND DEAT
ed by the attention solution in crist, cremitation in or other transmitted.		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										
Then property to but injury,	CERTIFICATION	19a DATE OF OPERA					ION WAS PERFO		20a AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED S OF DEATH?
of though		21a. ACCIDENT WAS UNI	CAUSE OF DEAT	71		H DAY YE		NJURY OCCUR	YES NO NO		YES B PART OR PART 2)	NO 🗍
A proof Me	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE		OFFICE, FARM, ETC	3.3		CITY OR	MOL.	COUNTY	STATE
CTOR, a 11st use of 1 of Healt 5.21 is mg		saw the deceas abave att (we) (-(this hospite ed olive on_ did) (did not	Septem	he deceased	fram <mark>Septe</mark> _19_85	, and that in (my	19 <u>85</u> I (our) opinion	ta Septem	date and ho	our and from the	e causes stated
RAL DIRE denother fore Dept		226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								/12/85		
TO FUNE thould be the S		<u> </u>	W. Pa	rker, l	MD			rankli	n Square D	rive,	21237	
P		BURIAL, CREMATION, (SPECIFY) Cremation	REMOVAL		4/85		ity Pro	cess	23d LOCATION CITY OR TOWN Baltimo	re		Maryland
H - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME nnelly Fun	eral H	Home 30	0 Mace	Ave. 2	21221	SI	EP 1 8 1985	1000	STRAR'S SIGNA	

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

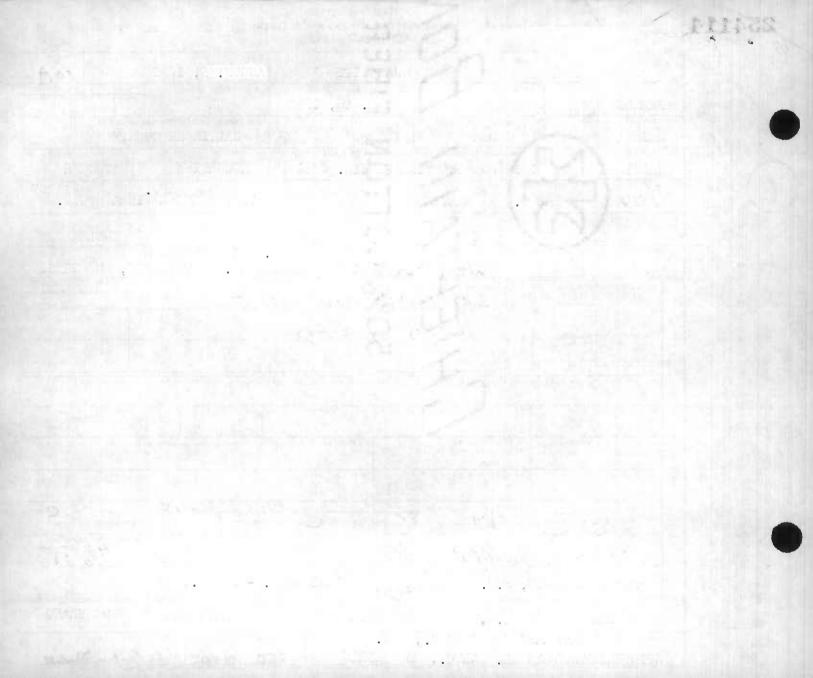
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	2.	6 63	1 3
	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	L OKPKINI)	ANNA			JAN	OWITZ	SEPT. 5,	SEPT. 5, 1985		
3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
A	FEMALE		WHITE	3	DE	C. 16, 1902	82	YRS	ONTHS DATS	HOURS MIN.
/н. В	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	_		
	RUSSIA	-	US	SA	WIDOWE		BALTIM	ORE COU	INTY	MD.
BALTIMORE 11. NAME OF HOSPIT. BALTIMORE 7936 DUNHI				CIR. #201		120 USUAL OCCUPATION 125 KIND OF BI				
130	AL RESIDENCE (IF NUR STATE MARYLAND	113h COUN		BALTIMO		13d INSIDE CITY LIMITS?	13e 7936 DUNI	APT VI	201 LLAGE	#21207 CIR.
N.E.	ATHER'S NAME	100	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1.45	1
1	LOUIS			KOMAN		BESSIE		P. IS	BUTL	ER
	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU			. LOIS MEN			
	NO			214-38-	6888	11009 NACIRE	MA LA. S'	ΓEVENSO		21153
	18 CAUSE OF DEAT	TH (Enter on	ly ane cause per	1	0 11			W. F.	BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Truck is depicted.		E CAUSE (a)	Cardi	Dun	may as	uest.			
	2004		DUE TO, O	R AS A CONSEQUE	NCE OF	(1)				
	Conditions, if any gove rise to im		(b)	CUT)	, (171)				
	underlying couse		DUE TO, O	R AS A CONSEQUE	ENCE OF					
	DART 2 OTHER SIC	NIEIC ANT ((3)	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	THAT DISEASE OR CO.	IDITION COM	NI INI DADT 1	
Z	PART 2 OTHER SIG	MILICAMI	ONUTIONS CC	SINTRIBUTING TO C	DEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE OR CO	ADITION GIVE	IN IN PART IT	a
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES	, WERE FINDIN	NGS USED
IFE	100						YES T NOT		YING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UN	_				21c HOW INJURY OCCUR		1		
	OR CONTRIBUTING			m. Month da m.	AY YEAR					
MEDICAL	214 INJURY OCCUR		21e PLACE			211 LOCATION	CITY OR	OWN	COUNTY	STATE
\$	MHILE NOT W	ORK ORK	TALHOWE SIN	REET, PACTORY, OFFICE, P	ARM EIC }	STATE				3,446
	22s. I certify that (I	(this hospi	al) attended th	e deceased from_	0.0	. 19	O to Pres	lat	9	that (I) (iii) last
	oboug_ff (ve)	did ligid no	Dyiew the body	affer death.	, ar	nd that in (my) opinian	death accurred an the	date and hour	ond from the	couses stated
5	22b. SIGNATURE	1	1 /		1.	DEGREE		/	IN DATE	AIGNED
	Meur	miss	ther 18	led ,	Les	ATTENDING PHYSICIAN	MEDICAL ST. DIRECTOR PHYS	AFF ICIAN D	1/6	181
	22d. PHYSICIAN'S N		TT, M.D	· SUHON	(FELI) M	SINAI HOSP	- BALTO.	, MD		
23a. I	BURIAL, CREMATION,	, REMOVAL	SEPT.6		SETH T	EMETERY OR CREMATORY 'FILOH	23d LOCATION BALTEM	ORE	COUNTYMAR	YLAND

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTO., MD 21215 Silia Saindren Rando 10



- STATE REGISTRAR DECEASED NAME

Female

Maryland

To BIRTHPLACE ISTATE OR FOREIGN

IN CITY OR TOWN OF DEATH

Maryland

NO OR UNKNOWN)

4 FATHER'S NAME

Rossville 21237

John

Conditions, if any, which gove rise to immediate cause (a), stating the

underlying couse last.

7 In ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I, DEATH WAS CAUSED BY

LTYPE OR PRINTS

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

WIDOWED

Ischemic Heart Disease

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Franklin Sq. Hospital

Essex

16h SOCIAL SECURITY NO

Green

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY OFFICE FARM ETC)

Chronic Obstructive Pulmonary Disease

216 TIME OF INJURY

21e. PLACE OF INJURY

220.1 certify that (M)(this hospital) attended the deceased from September 16. September 16. ond that in (M) (attended the body of the bod

JANSEN

AND 26 1888 YEAR

MARRIED NEVER MARRIED

17 INFORMANT

Refractory Ventricular Fibrillation

211 LOCATION

Ischemic Pulmonary Vascular Congestion

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Anna

Onas W. Jansen. Son

10 85

ATTENDING

MIDDLE

75. CITIZEN OF WHAT COUNTRY?

Barbara

White

USA

Anna

4 RACE

USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

Baltimore

I LIE YES GIVE WAR OR DATES

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c

IMMEDIATE CAUSE (a)

1.	63	A	16	7	7
5	En	Abril	6	/	O
DEC NO					

26. HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

21221

ADDISO8 Sunnyside Ave.

Balto. Md. 21221

20b. IF YES, WERE FINDINGS USED

COUNTY

20 97 6785

IN CERTIFYING CAUSES OF DEATH?

20 DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

12a USUAL OCCUPATION

Huertzek

200 AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2

ATTENDING MEDICAL STAFF
PHYSICIAN MIDIRECTOR PHYSICIAN 9000 Franklin Square Dr., 21237

NOX

CITY OF TOWN

September and that in 📆 (aur) opinian death occurred on the date and hour and fram the causes stated

HOUSEWILE

13. STREET ADDRESS / ZIP CODE 814 Essex Ave.

September 16, 1985

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

CERTIFICATION

WEDICAL

23b. DATE	
9/20/85	

23¢ NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus Baltimore Co. Md.

23d LOCATION

STATE

STATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

230 BURIAL, CREMATION, REMOVAL

Mark L. Frydenborg, MD

DEGREE

ia Davidson Randage

Forbara

Forsile 19837 Franklin St. 1981 St. 1982 St. 1982

Forsile 19837 Franklin St. 1981 St. 1982

Formal Filthern Essex x Plu Essex Ave. 2022

Formal St. 1984 St. 1984

Formal St. 1984 St. 1984

Formal St. 1984 St. 1985 St.

partial 9/20/25 Paces heart of Jesus sattrone Co., Ma.

eva crasses big towl Ad and levicine franchises

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000	H
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PHYSICIAN. The low requires that the death certificate be executed within 24 per 20

		REGISTRAR CEASED NAME FIRST	MIDDLE		AST	REG. NO		YEAR 26 HO	
X	TYPE	Clare	nce E JE	NKINS		September	6 198	311	
X	3 SE		4. RACE	S. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR IF UNDE	
	100	Male	White	Ju	1y = 1894	91	YRS	THS DAYS HOURS	
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	Baltimore city o	1 1 200		
57	F	TY OR TOWN OF DEATH Cossville 21237	-	IG HOME (ADDRESS) Hospi	tal	TYPE OF WORK FOR MOST O	F WORKING LIFE	12b. KIND OF BUSIN INDUSTRY Construc	
35	13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Maryland Ba	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW ESSEX		134 INSIDE CITY LIMITS? YES NO 🍱	13. STREET ADDRESS / 805 Midd	ZIP CODE Lesex R	d. 2122	
30	I C F	ATHER'S NAME FIRST William	H. Jenkins		15. MOTHER'S MAIDEN NAM	J. MIDDLE	?	ĮAST	
dic	16a V	VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES	ADDRE					
me		YES NO OR UNKNOWN) (IF YES, GI	216 10	3075	Margaret Cla	rk. Daighte	r	Same	
s ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT		N WAS PERFORMED 200 AUTOPSY? 2		20b IF YES, W	ION GIVEN IN PART 110 10 IF YES, WERE FINDINGS USE N CERTIFYING CAUSES OF DEA	
30	E					YES NOXX	YES [
m 18 s	R .	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
0 /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	21f LOCATION				
dor he	WE	WHILE NOT WHILE AT WORK	. (AT HOME STREET, FACTORY OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	
rked or H		220.1 certify that \(\) (this hasp sow the deceased all was above, \(\) (we) (duit)	sept 6		28 , 19 <u>85</u> nd that in (My) (our) opinion o				
n 21 is morked or H		ODOTO, TIME, INC.			DEGREE			22c. DATE SIGNED	
IT: # Hem 21 is morked or H		22b. SIGNATÜRE	Sumo		ATTENDING PHYSICIAN	MEDICAL STAF	IAN X	9/6/85	
IMPORTANT: # hem 21 is morked or #		226. SIGNATÜRE	ollingsworth, MD		ATTENDING PHYSICIAN [DIRECTOR PHYSIC	IAN X		

DHMH - 16 60M 7. (VRA 15, 4)

BP_

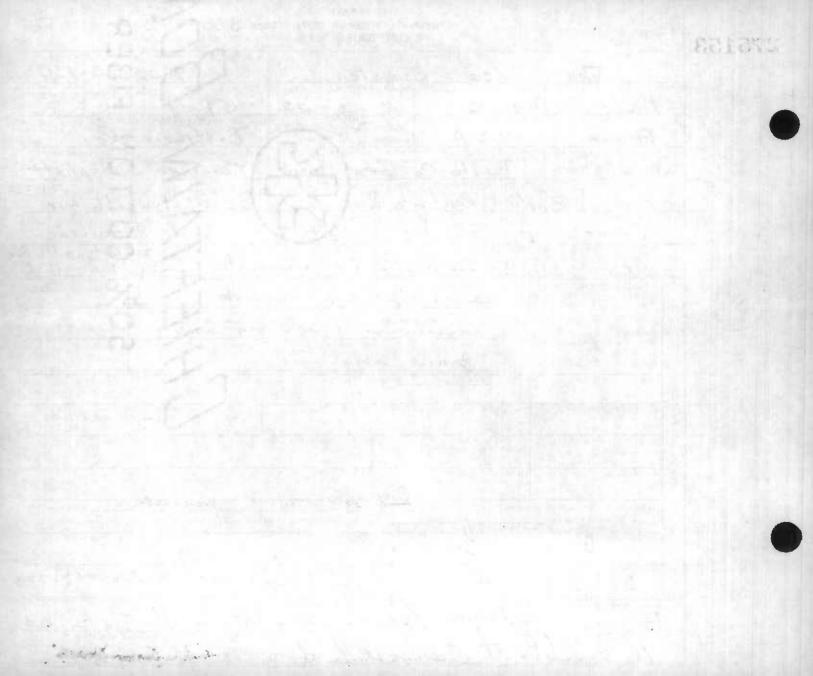
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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Owings Mills, Md. 21117

(VRA 15, 4)

	1	FOR	DEDADTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	JENE 2 5	2 4 4 7 9
275153	1.	STATE REGISTRAR	DEFART	CERTIFICATE OF DEATH	REG. NO.	
m.e		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	F 10 m
ay be	3. SE	John	LRACE L	Johnston Is, date of birth	6. AGE (IN YEARS LAST BIRTHDAY)	22 85 /3// M
ge 4 m	3. 50	Male	white	MONTH DAY YEAR 25	19	MONTHS DAYS HOURS MIN.
eath. Po	70. B	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BA 1+1mo	10
s offer d	10 C	And Allstown		ADDRESS CON HOSD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	
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d within ond 2 sh	JA B	THER'S NAME DANIEL	MIDDYA. Johnst	15. MOTHER'S MAIDEN NA		BowLing
e execute				IRITY NO. 17 INFORMANT	huston R	2 Chatsworth A Pers. Ind. 21136
ires that the death certificate by good by the carrenge on pleas transmission buriol, committee by or other transmittees of the		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF TO 2	ing with	APPROXIMATE INTERVAL RETWEEN OWSET AND DEATH
n. nos been si permit. The ne prior to we ony inju	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\)
CIAN: The physicial physic	()	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITE	
G PHYS ottending er this c er the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN ortol or TOR: Aft for use a of Health		saw the deceased alive an	tal) attended the deceased fram_	and that in (my) (aur) apinian	death accurred on the date and	thou and from the causes stated
TAL OR A. yy the hosp RAL DIREC detoched detoched fore Dept.		27b. SIGNATURE	mul	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL etained by the TO FUNERAL should be detained the Stote with the Stote IMPORTANT.		D. J. Pr	AD HAN	122 S1a		sulfo MB 21208
F 2 1 1 1 -	230.	SURIAL, CREMATION, REMOVAL	e former	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR JOWN	[cquity ,] STATE [
BP DHMH - 16 60M 7/84	24. F	INERAL DIRECTOR	Dept-25/985 /	ARe View Mens	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(VRA 15, 4)		M. J. Col	had Can	195 Mills WH	25 1960 Alia	Davider - Parphille



STATE OF MARYLAND

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263	06.9	1.	STATE REGISTRAR		DEPARTM		CATE OF	DEATH	REG. N	0.	4	, 5 0	
ge 3		I. DE	CEASED NAME FIRST ANNA P		AIODLE	Ļ	AST		20. DATE OF DEATH	8 30	85	11:00 AF	
ector po		3. SE	FEMALE	4 RACE WHIT	WHITE 5. DATE OF		F BIRTH	15	6 AGE TINYEARS LAST BH		MONINS DATS	R IF UNDER 24 HRS HOURS MIN.	
merol dir in 72 hou	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF	U.S. MARRIED NEVER MARRIED DIVORCI				9 BALTIMORE CITY OR COUNTY OF DEATH					
The set	BALTIMORE			GBMC SUC	. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GBMC SUC 6701 N. CHARLES ST.				IZO USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Teacher		12b. KIND (INDUSTRY SCho	OF BUSINESS OR	
III gag	135	No.	AL RESIDENCE IN NURSING HOME OF STATE 13 A COL	OR OTHER INSTITUTION.	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 134. INSIDE HATWOOD YES YES			I INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE Rd.			7776		
(A/2		0	THER'S NAME FR. Glean	Proutt						AME Nutwell ^{middle} LAST			
Po d	Pod 2		166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS W. Tudor Jones same as #								. •		
The acoin certificate the offending physici eremove corban paper remain, or removal.	her troumotic event, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	RECURRE R AS A CONSEQUE R AS A CONSEQUE	NT BE	AIN TL	MOR			APPRO BEIWEEN	XIMATE INTERVAL 4 OMSET AND DEATH	
equires ma n signed by Then pleas:	injury, or of	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								EN IN PART 1	10	
ion. Therefore	1	CERTIFICATION	190 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATION	N WAS PERFO	ORMED	200 AUTOPSY?		S, WERE FINDI YING CAUSES		
g physic certificati rial-trans	Meg.18 x	EDICAL CES	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART 1 OR PART 2)		
attendio After this in the bu	orkedor	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21s PLACE ((AT HOME STE	OF INJURY EET FACTORY, OFFICE F	ARM ETC)	21f LOCATI		CITY OR TO)wn	COUNTY	STATE	
CTOR. A Ffor vie.	21 am	1	22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did-	0/70/	OL		d that in (my	, 19	to 30	ate and hou	r and from the	, that (I) (we) last e causes stated	
y the he tal Diffe detached	A life		226. SIGNATURE	ndly			D.	ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	30/85	
9 50	4/		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	SS	The state of the s	-3		,	

S.P. GIRDHAR MD. 230 BURIAL, CREMATION, REMOVAL 23b. DATE Sept 1, 85

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

23d LOCATION Suitland

. bM

PG

STATE

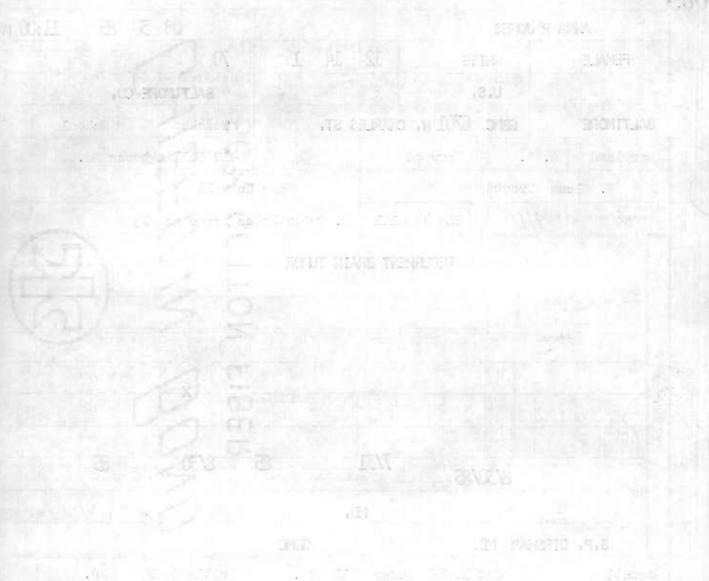
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

Rausch Funeral Home Owings Md. 20736

GBMC

BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Davidson-Randalle

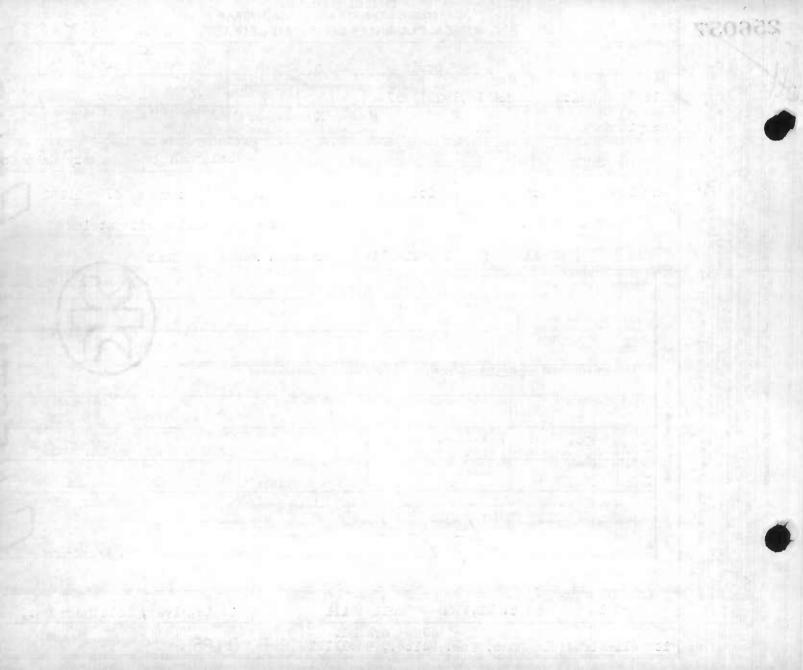


STATE OF MARYLAND

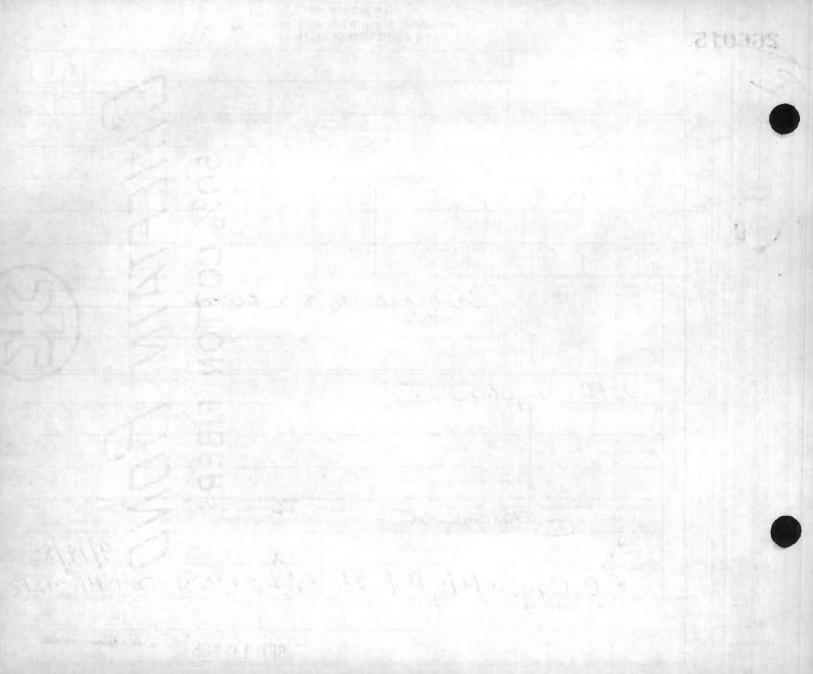
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256057 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWNXX MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-9-9 1985 John Norris Jones, Sr. 6 AGE (IN YEARS IF UNDER 1 YR. DATE 4:05 LAST BIRTHDAY) PRONOUNCED 1085 Male White March 10,1928 57 YRS DEAD a. N 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary land USA Baltimore County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Tasty Cake Co Salesman White Marsh Rt. 195 south of White Marsh exi 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN White Marsh Maryland Baltimore 5807 Stevens Rd. NO X 21162 YES 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mary Marcellina Fitzpatrick George Dewey Jones 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO YES NO, OR UNKNOWN) 214-22-0148 Grace A. Jones Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (# 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XXX NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 9-9 19 85 subject pinned between truck & quardrail CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Rt. 195 south of White Marsh exit, White Marsh road Balto. Co., Md. Autopsy XX 220 I certify that I took charge of the remains described above, held an Accident XX death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 A O PA 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY SPEC Burial Middle River, Baltimore Co., Me Sept. 12,1985 Holly Hill 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6500 York Rd. **DHMH** - 17 his Davidson Mandall SFP Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 (VR A15 ME (5))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1					STATE	OF MARYL	AND			-50	a 1	
266015	1.	FOR STATE REGISTRAR			DEPARTI		CATE OF I	MENTAL HYG DEATH	IENE 8	REG NO.	2	4 4 2	3 3
		CEASED NAME	FIRST		MIDDLE	FV	iST	16.24	20 DATE OF	DEATH M	ONTH DA	Y YEAR 2b. 1	HOUR
the spens	L		SHALL		UMMERFIE	_	JONE	S		9-1985			M
11	3. SE			4 RACE 5 DATE			F BIRTH DAY	YEAR	6. AGE INY	EARS LAST BIRTHE	DAY} IF	UNDER LYEAR IF U	NDER 24 HRS
- B		MALE		BLACK 3			6	1909	76		YRS		
4 # 21		IRTHPLACE (STATE OR F	ORE IGN		WHAT COUNTRY?	MARRIED		MARRIED -	9 BALTIMO	RE CITY OR	COUNTYC	F DEATH	
1 1 P		MARYLAND		U.S.A		WIDOWE		VORCED _		IMORF =		12h KIND OF BUI	MD.
by the	E	BALTIMORE		11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BOX 35 OELLA AVENUE			K OTHER 1143	THOROX	(TYPE OF WORL	ODIAN		AMERICA SMELTIN	G CO.
d be d be	13a	AL RESIDENCE (IF NURSI	13b COUN	OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e STREET	ADDRESS / Z	ZIP CODE		
The state of the s		MARYLAND	R	7/40	BALTIMO	ORE	YES N	NO 🗆	BOX 3	5 OELL	A AVE	NUF, 212	28
# () # () 2 5 C		ATHER'S NAME		MIDDLE	LAST.			S MAIDEN NAM	VF.	WIDDIE		LAST	
3 200	_	LFRED	INITE ADA	AED CORCECO	JONES		17 INFORMA	YDIA		ADDRESS		RIDFOU	
ond oges		WAS DECEASED EVER		E WAR OR DATES	213-03-2				ATTES			T AVENUE	21220
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sign hen to bu		PART 2. OTHER SIGN)	CONDITIONS CO	JNIRIBUTING TO	DEATH BUT	NOT RELATEL) IO THE TERM	INAL DISEAS	E OR CONDI	TION GIVE	NIN PARI IIa	
w ren	CERTIFICATION	190 DATE OF OPERAT	ION	III. COND	ITION FOR WHICH	OPERATION	N WAS PERFO	DRMED	200 AUTO			WERE FINDINGS	
he lo on. hos per ene p	1 1			100					YES 🗌	NOW	IN CERTIFY! YES	NG CAUSES OF E	DEATH?
N. T.	GR	210. ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH D.	AV VEAD	21c. HOW IN	JURY OCCURR	ED (ENTERNA	TURE OF INJURY I	IN ITEM 18 PAR	T I OR PART 2)	
o pla g pla g pla gridi- priol	1 g	OR CONTRIBUTING C		114	M.	19						1	
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NG ther os the orker	-	AT WORK NOT WH	ILE L				10-			7111 5			
END olo OR: A Heal		220.1 certify that (1) saw the decease		al) attended th	e deceased fram_	31	al about on (max)	_, 19	ta	IULT	, 19	and from the couse	(I) (we) lost
ATT ospiral ed for on of		abave, (I) (we) (d	lid (did nat	view the body	after death.		DEGREE	(doi) opinian (a on me date	e ana nour c	22c. DATE SIGN	
L OR toche		A		-				ATTENDING	MEDICAL	STAFF		9/10	185
PITA by VERA Stott	1	22d. PHYSICIAM'S NA	ME (TYPE O	R PRINT)		0 .	22e ADDRES	PHYSICIAN	DIRECTOR	PHYSICIA	0	1///	100
O HOSPITAL TO FUNERAL should be de with the Stoti		F.C.	Co	TalliN	M.D.	DA	230	East	25	4hSq	. Da	1to MD	21215
Of Of Shirt		BURIAL, CREMATION,	REMOVAL	93 DATE	1 1230	NAME OF CI	METERY OR	CREMATORY	23d. LOCA				
BP		BURIAL		9-14-1	985 A	RBUTUS	MEMOR	IAL PAR	K BĂ	LTIMOR	E COU	NTY	STATE
DHMH - 16 60M 7/84	24.5	VOTAERE & SO	NS FU	NERAL H	OME, LINC			25a DATI	REC'D. BY R	EGISTRAR 25	REGISTA	AR'S SIGNATURE	delle
(VRA 15, 4)	1	2501 GWYNNS	FALL	S PARKW	AY, BALTO	0., MD	2121	6 SE	:P19	1985	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECEY)

BURIAL

- STATE

REGISTRAR

24 FUNERAL HOME, INC. 3331 Brehms Lane, Balto, Md. 21213

9/25/85

OAK LAWN

BALTIMORE 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
SEP 2. 4. 1005 Guilla Builden Arman

2b HOUR

IF UNDER 1 YEAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

126 KIND OF BUSINESS OR INDUSTRY

INSPECTOR-ASSMBLY GEN'L MOTORS

LINE 8883 FONTANA LANE 21237

BRASHEARS

BARBARA SMITH (DCHIR) 8163 KAVANAGH RD. 21222

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F

COUNTY STATE

ZZ: DATE SIGNED

23d LOCATION

COONE MD. ESTERIS

*n4 na *	1.	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 4 4 8 2 CERTIFICATE OF DEATH								
380109		CEASED NAME	FIRST	x = 1 = 1 = 1	MIDDLE	L	AST	2a DATE OF E	DEATH MONTH	OAY	YEAR	2b. HOUR	
÷ 3	(TYPE	OR PRINT)	Eliz	abeth		Kal	nl.		9	28	85	4:00 am	
do do		(4 RACE		5. DATE C					IF UNDER 1 YEAR IF UNDER 24 HRS		
a chy		Female		W	nite	MONTH 5	30 1898	97 YRS WONTHS DATS HOURS					
3		RTHPLACE (STATE ORF		TICA			MARRIED NEVER MARRIED .		Baltimore County of DEATH Baltimore County				
11 00		TY OR TOWN OF DEA	XΤН	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, Forge Rd	AODRESS]	R OTHER INSTITUTION 1128	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				F BUSINESS OR Employed	
7 36	13a. S	al residence (# nurs state aryland	13b COU	NTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS?				13e STREET ADDRESS / ZIP CODE 4815 Forge Rd. Perry Hall 211					
1/43	14. FA	John		MIDDLE LAST			15. MOTHER'S MAIDEN NA Margaret		MIODLE			Koerber	
Pages 1		VAS DECEASED EVER		MED FORCES? VE WAR OR OATES)	219-42-								
by the attending se remove corbi , cremation, or r other traumotic		Conditions, if any, gave rise to improve to stating underlying couse	nediate ig the	(b)_	R AS A CONSEQUE	TIVE ENCE OF		prelim		ilina			
cron. e has been signed sit permit. Then plec grene prior to buriol thems only injury, or	CERTIFICATION	PART 2. OTHER SIGN DUCT 190 DATE OF OPERA 2 (1)	10H	litis	ONTRIBUTING TO D	PERATIO	NOT RELATED TO THE TERM	WILL 200 AUTOF	OR CONDITION PSY? 20b.	GIVEN I	ERE FINDING CAUSES	w.	
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ottendii fter this as the but th and M	MEE	WHILE NOT WHAT WORK AT WO	HILE [7]		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN		COUNTY	STATE	
ATTENDI sepital or CTOR: A d for use of Heali		22a.1 certify that (1) (this hospital) attended the deceased from 19 3, that (1) (we) lost saw the deceased alive an 19 83, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.											
by the house the house detached State Dept.		226 SUPER A	T- !	امرو	regue.			MEDICAL DIRECTOR			4.6	0(82.	
HOSPITAL sined by the FUNERAL suld be de- th the State		Fernal		. Bohore	quez, MD	8	7401 Osler		fession ite #10		_	Md.	

236 NAME OF CEMETERY OR CREMATORY

St. Jos. Ch. Cemetery

23d LOCATION

Baltimore, Maryland

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

23a BURIAL, CREMATION, REMOVAL

FUNERSI

Burial

24 FUNERAL DIRECTOR

23b. DATE

10-1-85

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	F	EG. NO	D.			•	
	OR PRINT)	FIRST	^	AIDDLE	l	AST		20. DATE OF DE	ATH	HINOM	DAY	YEAR	2b. HOUR	
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3. SEX	K		4. RACE		S. DATE C			6. AGE (IN YEARS	LAST BIRT	(YAGH	MONTH	DERTYEAR S DAYS	IF UNDER 24 HRS	
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7a BI	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MA	BRIED [9 BALTIMORE	CITY O	R COUN	TY OF D	EATH	5 7 7 11	
N	laryland		US	A	WIDOWE		ORCED [В	alt:	imor	e Co	unty	MD.	
10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	12a USUAL OCC					F BUSINESS OR	
F	Rossville		Manor Care N. H.			Rossvil	le	ITYPE OF WORK FOR MOST OF WORKING LI				Armco Steel		
13a S	AL RESIDENCE (IFN STATE	13b COU		GIVE RESIDENCE BEFORE		1134 INSIDE CITY	Y LIMITS?	13e STREET ADD				ue	21237	
_	THER'S NAME	DOL	ozmor c			15. MOTHER'S A			011111	30a ,	2 7 011	40		
	Joseph	n	MIDDLE	Kahler	1.3		lhelmi		IDDLE			Kern		
	VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	T		ADDRE	55			21237	
	O	(11 163, 01	VE WAR OR DATES!	212-05-7	7590A	Mrs. R	obert	Kahler	6630) Kei	nwoo	d Ave	enue	
	Conditions, if ony, which gave rise to immediate cause a , stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF (c)													
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CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFÖRA	MED	YES N	0 1				OF DEATH?	
	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DE	AIR	M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURE	RED (ENTER NATURE	OF INJUI	RY IN ITEM	18 PART TO	OR PART 2)		
MEDICAL	21d INJURY OCCI	WHILE WORK	21e PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	1	CI	TY OR TO	WN	c	OUNTY	STATE	
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DHMH - 16 50M 4/B3 (VRA 15, 4) 236 BURIAL, CREMATION, REMOVAL 236 DATE
(SPECIFY)

Burial 9–2

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

CITY OR TOWN COUN

UNIY STATE

24 FUNERAL DIRECTOR
NAME
ADDRESS

1201 BelALE Rd. 13 ALTO. WD. 212%

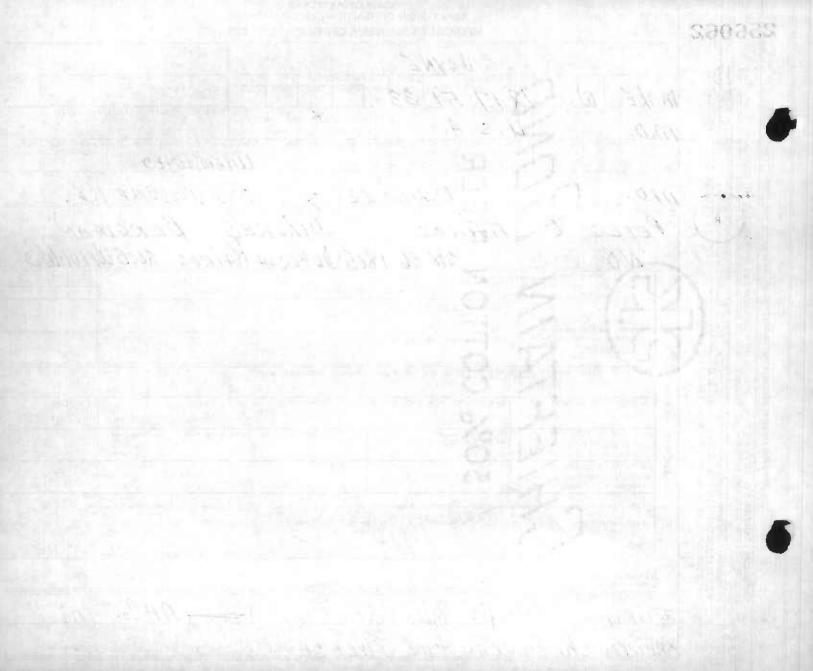
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	1	OR	DEPARTMENT OF HI	EALTH AND MENTAL HYGI	NE C O A	8 /
256062	11.	TATE REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE OF DE	ATH REG. NO.	
	T. DE	EASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
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ECESSARY, PLEASE NERAL DIRECTOR. POR YOUR FILE. WITHIN 72 HOUS RESTON SIREET.		Carl	WAYNE	Kairos	DEATH MATED 1 9	6 1985 M
製造事 事度	3. SE.	4. RACE S. DATE OF	BIRTH 6 AGE (IN YEARS			DAY YEAR 2d. HOUR
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NECESSARY, PE LUNERAL DIRECT FOR YOUR H WITHIN 72 HO	M	D_{i} U_{i}	S.A.	WIDOWED DIVORCED	Baltimore Coun	ty MD.
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日本多数学级	12	D.	DALTIMOR	PE YES NO 1	OB WOODVALE T	0
g Winds	JA. F	THER'S NAME		IS. MOTHER'S MAIDEN NA	ME	
95.245.47	W.	FIRST	LAST	A FIRST	MIDDID	LAST
BU 50 5 75 -	4 1	ETER E. //	AIROS	JOBO KE	S DERGIS	TAN
BALTIMORE, MD. 21201 S ATTER DEATH = ANY GIVE PACES 1, 2 ND IN FOR PM 2, RTA PACES ANY EXPENDING WISHON OF WITH REPE	160.	AS DECEASED EVER IN U.S. ARMED FORCE S, NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES		NO. IT. INFORMANT	ADDRESS	1 10
A PANTAGE A	K	NO	218 56 18	15 DEBORAH M	AIROS 8000 U	BODINESD.
		18 CAUSE OF DEATH (Enter only one couse	per line for (a) (b) and (c)	as year ispice	77.72	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON ST., TITHIN 24 HOU CIL IN TERM 18 WER ALONG V ANSIT PERMIT AL HYGIENE, I REMOUAL	10	IMMEDIATE CAUSE (d	,	narcotism		
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# E = # 2 5 5 5		Conditions, if ony, which	Portion Tay Co. T.			
W. WENG	1	gave rise to immediate (b	TO, OR AS A CONSEQUENCE OF			
201 V	11	lying couse lost.	10, OK AS A CONSCOURNCE OF			
7 5 9 2 2 2	1	(c)			
MITAL RECORDS, 201 VITAL RECORDS, 201 VITAL RECORDS ON THE MEDICAL EXECUTED AS A BURNAL TO FHEALTH AND MEDICAL CREMATION OF THE MEDICAL CREMATION	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN PART 1 (a)		
ECORI D BE ED ENDIN MEDIC AS A E	Z					
EAA MEA	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?
MTAL SHOUL CHIEF E USE T OF H URIAL	0					
	J.E.					YES 🔀 NO 🗌
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N DECOME	1 3	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
DIVISION OF IS CERTIFICATE VRITING THE W RROED TO THE GE 3 SHOULD E TIE DEPARTMEN 201 PRIOR TO B	MEDICAL		PLACE OF INJURY (ATHOME.	21f. LOCATION		
	A A		REET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN COU	NTY STATE
		AT WORK AT WORK				
		22s. I certify that I took charge	guns day and above, held an	Autopsy X, Inspection		
EXAMNER: CERTIFICATE ULD BE FOR OUR ORECTOR: I, WITH THE S		011	DO 1- VE		Inquiry . and in my opi	nian
ERTIFIC BE WITH WARYL		death resulted from	All Sulci	de	determined monner .	
EXA DID DIRE WITH		11 11 200	Mrs L	TITLE (SPECIFY)		
THORE		ACTUAL SIGNATURE	on / mon	Acting Chie	EDICAL EXAMINER SIGNED	9/7/85
SE S	1/		00		310.14	
MED COUTE FUN FINO	1	EXAMINER'S NAME Thomas	D. Smith, M.D.	111 Penn	St. Balto.MD.	
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFIER DEATH, WITH				ADDRESS		
F M 0. F < 0	230.B	RIAL, CREMATION, REMOVAL 236 DATE	124 NAME OF CEME	TERY OR CREMATORY 23d	LOCATION DO COUN	TY STATE
07/84 BP	TA	UKIAC 19/11	110 HLEN HAV	Ell (4M) 13	ACTOHHLO.	Ind.
25M	74	NERAL DIRECTOR	1 4	250. DATE REC'D.	BY REGISTRAR 256. REGISTRAR'S ST	GNATURE
DHMH - 17 (VR A15 ME (5))	KY	MAME PRINCIPLE: FUNCE	ADDRESS Hime	SEP 10	1005	wanda like
(AV M12 145 (2))	11/1	COLOW SIII (414K	H- HUITE PI	221 74 061 1	1985	7

STATE OF MARYLAND



275114

FOR DEPARTMENT OF STATE CFRT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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483

REGISTRAR			CERTIF	ICATE OF DEATH	1	REG. NO	0.		1
I. DECEASED NAME FIRST		MIDDLE	- L	LAST			MONTH	DAY YEAR	26 HOUR 4
Mar	garet C.	KASMERSK	I		145	September	25. 1	1985	12:30a
1.58X	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
WHITE	CAUCAS	IAN	JUNE	5 1904	AR	81	YRS	MONTHS DAYS	HOURS MIN.
IN BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE		9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
MD.	U.S.A	<i>A</i> .	WIDOWE			Baltimore	Count	ty	MC
BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHITY, GIVE STREET IN SQUARE	ADDRESS)	OR OTHER INSTITUTION	N	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMAKER			OF BUSINESS OR
SUAL RESIDENCE (IF NURSING FOM) 30. STATE 136 CC	E OR OTHER INSTITUTION DUNTY	BALTIMO	N	13d INSIDE CITY LIM YESX NO	-	13e STREET ADDRESS / 5407 CEDEL		Œ.	21206
FATHER'S NAME FIRST CHARLES	WIDDIE	BECKER		15 MOTHER'S MAID	IZAF	MIDDLE	S.	DO	ST
III. WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	917	ADDRE	SS		SAME
NO	ONE WAR ON DATEST	218-32-	0530	DEBORAH '	TRAF	PANI (GRAND	DAUGH	1	DRESS
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	(b) DUE TO, O		Eden		E TERMI	INAL DISEASE OR CON 200 AUTOPSY? YES □ NO [X]	IVEN IN PART 11 ES, WERE FINDI IFYING CAUSES TES	INGS USED	
OR CONTRIBUTING CAUSE OF	(AT HOME S			21c. HOW INJURY C	OCCURR	ED {ENTER NATURE OF INJU	RY IN ITEM 18		STATE
220) certify that the (this has saw the deceased alive above, Ur(we) (did) (and 22b, SIGNATURE	270 1 certify that ** (this haspital) attended the deceased fram September 7 , 1985 , to saw the deceased alive on September 25 1985 , and that in (any) (aur) apinian death or above, Arrivel (did) (and not) view the bady after death.								that wh (we) last e causes stated E SIGNED
Wendy K. B			JAME OF C	9000 Fr		lin Sq. Dr.	, 212	237	
BURIAL	9/27,	/85 O	AK LA	MN		BALTIM		COUNTY	STATE MD.
24 FUNER SCHIMONEK F			. 212		Se. DATE	P 3 0 1985	25b. REGIS	STRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

PIPERS Ball the best the

				STATE OF MARYLAND			
*	1.	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0 0	2 4 4	8 4
900	I DE	CEASED NAME FIRST	WIDDLE	- LAST	REG. NO		2b HOUR
800	{TYPE	OR PRINTING LOVE	11/	Vaterakawan-	Ta. DATE OF BEATT	9 12/2	NON
/			1000	atenkampir	6. AGE IN YEARS LAST BIR	7 /3/80	IF UNDER 21 HRS
-5	3.56	44.1.	4 RACE	MONTH DAY YEAR	10. AGE TINTEARS LAST BIR		HOURS MIN.
Core	/	MAIR	CAUCASIAN	06 08 73	62	YRS.	
54		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
1		ryland		WIDOWED DIVORCED	Ba 110	60	M
2/	100		 NAME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, OF VESTIONS 	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 126 KIND OF INDUSTRY	BUSINESS OR
K		andallstown	_ 3707 Hamor Ct.		Tracho	- Bal. C	of Pub
STY.		AL RESIDENCE (IF NURSING HOME OR)	OTHER INSCHILLION GIVE RESIDENCE BEFORE ALTERNATION OF TOWN		STREET ADDRESS	ZIP CODE	. /
90	2	MD Ba	To Landal	TOWN YES NO S	13707	HAMOR	C1/21
101	POF/	ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	TZASI	
EC	Th	eodore William	Katenkamp Sr	Lucille		Schamberger	r
100	16a V	WAS DECEASED EVER IN U.S. ARA		TY NO. 17 INFORMANT Randa	allstown ADDRE	SS MD 2113:	3
1/	100	es W	11/4/-(0)	278/Mrs. Hedda Ka		3707 Hamor Ct	
2'			and the formal the and			APPROXIM	NATE INTERVAL
	1.3	PART I. DEATH WAS CAUSED	BY:	ICER OF T	TIK RES	TUN TUN	< 6 ma
0 + 4 0 - 7		IMMEDIATI					
0	N	6 88 8 8	DUE TO, OR AS A CONSEQUEN	CE OF			
2		Canditians, if any, which gave rise to immediate	(p)				
i		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	CE OF			
ii ii			(c)				
day.	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART TO	
1	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING	
1	業	A STATE OF THE PARTY OF THE PAR	No. 1 Page 1		YES TI NON	IN CERTIFYING CAUSES O	OF DEATH?
1	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCUR	-		
4	0.7383	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR			
=/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211 LOCATION			
2	ME	WHILE I NOT WHILE I	(AT HOME STREET, FACTORY, OFFICE FAR		CITY OR TO	WN COUNTY	STATE
		AT WORK AT WORK		6/10/55	9/12	/ex	
		220 1 certify that (1) this hospi	9/9/85 tom	and that in (my (laur) apinion	doath assured as the	, 19, th	lot [li (we) la
No :		above, (I we (did) did no	view the dady after death.		aeath accurred on the di	ate and hour and Iram the co	
2		17% SIGNATURE	11/ 6/	DEGREE ATTENDING	MEDICAL STAI	27c. DATE 8	IGNED/
		Howed,	I van RCM	PHYSICIAN [DIRECTOR PHYSIC		5/82
ORTA		224 PHYSICIAN'S NAME (TYPE OF	PRINT	27e ADDRESS	/ course	ch. 221	50
		BAUIDA	NAN EC	10 and	Cu Cer	Gr Bult	o.Md
1		BURIAL, CREMATION, REMOVAL	236. DATE 231 NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION		1
		(SPECIFY) Burial	9-16-85 Woo	dlawn Cemetery	Woodlawn	Baltimore I	MD
	24 F			rectors, Inc. 250. DA		256 REGISTRAR'S SIGNATU	ĮRE .
7/B4		NAME	Randallstown, MI	0.5		Gicha Davidson-A	andelle
4)	6/	LO LIBETTY Rd.	Randall Stown, Fil	, 21100 0[1 7 7 1500	(/	

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injury, or other troumatic event, th

IMPORTANT: If hem 21 is marked or hem 18 shaws ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2470

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BEATH

ч		REGISTRAR				CERTIF	ICATE OF DEATH		REC	, NO.			- 5
ľ		EASED NAME	LENORA		NDEPENDEN		KEITH	2a D	ATE OF DEAT	9-1	DAY YEAR	26. HO	20/ 20 M
I). SEX			4. RACE		5. DATE C		100	E (IN YEARS LAS	T BIRTHDAY)	MONTHS DAY		
1	FE	MALE		WHITE		JUE			70	YRS.	-		
1	7a. BIR	THPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BA	LTIMORE CIT	Y OR COUNT	Y OF DEATH		
4		RYLAND	44	U.S.A	1.	WIDOWE		□ B	ALTIMO	RE COUN	TY		MD.
1	10 CI	ONWO, 23 Y	FDEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	1 12a L	JSUAL OCCU		12b. KINE	OF BUSIN	JESS OR
į		NDALLST		BALTIM	ORE COUN	TY GE	NERAL HOSPI		OMEMAKI OMEMAKI			OME	
4	13a. S	L RESIDENCE ()	13b COUN	OTHER INSTITUTION.	13c. CITY OR TOW		134. INSIDE CITY LIMIT	S? 13e.ST	TREET ADDRE	SS / 719 COD	E .	-	v
4	MA	RYLAND	BALT	MORE	WOODLAWI	V	YES NOXX		610 Box	vman Hi	11 Dri	ve 21	207
A	14. FA	THER'S NAME		MIDOLE	IAST		15. MOTHER'S MAIDEN	NNAME	MIDD	E		LAST	
A	Ar	thur			Von Nord	leck	Eileen				Perr		
1		AS DECEASED		MED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT		AE	DRESS			
1	NC	ES, NO OR UNKNOW	N) (IF YES, GIV	E WAR OR DATES)	214-22-	9156	William A.	Morar	12 N	ann Ave	enue :	21225	
7	CERTIFICATION		immediate stating the couse lost.	(c)	of unl	DEATH BUT	NOT RELATED TO THE A CAUSE.	200	D / OL aux OPSY?	20b. IF YE	NELLI ES, WERE FIN IFYING CAUS	DINGS USI	ATH?
7		21s. ACCIDENT W	AS UNDERLYING C	21b. TIME O		AY YEAR	21c HOW INJURY OC		S NO		PART 1 OR PART :	NO P	Ш
	MEDICAL	(IF EITHER NOTIF	MEDIC AL EXAMINER) P.	М.	19							
1	4ED	21d. INJURY OC		21e PLACE	OF INJURY REET, FACTORY, OFFICE,	211 LOCATION STREET			CITY	OR TOWN	COUNTY		STATE
1	<	AT WORK	OT WHILE AT WORK			0.1	111	1-	1.1	-	En		
		saw the de	eceosed alive on me) (did) (dro no E	Wen the body	17	19 0 and that in (my) (our) opinion death occurred on the date and hour and from the co							toted
		10	Toph J	DECK IV	9		670	1//	THE !	7019 M	, we	medi	ur - J
		URIAL, CREMAT	ION, REMOVAL	236 DATE		NAME OF C	CEMETERY OR CREMATO	ORY 23	d. LOCATION CITY OR TOW	N	COUNTY		STATE
1	E	BURIAL		9/18/	/85 Ce	dar H	ill Cemeter	y B	rookly	n Park	A.A.	Mary	rland

BP

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TO FUNERAL DIRECTOR:

(VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Hubbard

9/18/85

A.A.

Funeral Home, Inc.

4107Wilkens

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277044	1	STATE REGISTRAR	MARRED D NORCED DOORSED DOORSE				
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	1.58	female	RACE (white)	MONTH	YEAR		MONTHS DATS HOURS MIN.
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目数	75 0	Balo	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		126 USUAL OCCUPATION	126 KIND OF BUSINESS OR
(200	MSU Thu	AT PESIDENCE (IF NURSING HOME OR	VIY 13c CITY OR	BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIE	CODE 2/20
100	0	KARL L	. MOYER	1	FLORA	(UNKOWI	N)
1-17		NAS DECEASED EVER IN U.S. AR.	E WAR OR DATEST				PIKESVILLE, MD
physicio nipopera nicosti went, the		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (bi, and ic			
that the death or by the othershing nate tempore calls at a remarkon, or re other troumatics		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b) SI (A	rdiae [
equires Theruph (to bury, o	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
1 1111	TIFICAT	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN	CERTIFYING CAUSES OF DEATH?
SELAN. To physic certificon risk tram emol Hyg	ICAL CES	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		A STATE OF	RED (ENTER NATURE OF INJURY IN	IEM 18 PART I ORPART 2)
NG PHY orthodus thoda M	MED	216 INJURY OCCURRED NOT WHILE AT WORK			STREET	CITY OR TOWN	COUNTY STATE
CTOR A free our of Head		saw the deceased alive an abave, (1) (we) (did) (did na	109-28	19 85 , ai	nd that in (my) (aur) apinian		and have and from the causes stated
A S S S S S S S S S S S S S S S S S S S		276 SIGNATURE	L Gupta		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 00 4 - 100
O HOSPITA THOURS BY O FUNERA THE STATE WEORTANT		220 PHYSICIAN'S NAME (TYPE O	K- Gupt	4, Mg	1. G. GENE	RAL HOSPITAL	CHEVERLY Mg 2579
BP	E	BURIAL, CREMATION, REMOVAL SPECIEY) SURIAL			RIDGE CEM.	. PIKESVIL	LE, PID.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	Home Reis	RESS TERSTOV	2 31 -		

KARL L. MOYER FLORA

. Jame. Howard A. Kellar Pikesville, D.

(UNKOWN)

BURIAL 10/1/85 DRUID KIDGE CEM. PIKESVILLE, MD.

ELINE FUNERAL FORE HEISTERSTOWN, PD.

Mitchell-Wiedefeld Funeral Home 6500 York Road

while Davidson-Rande

DHMH - 16 50M 4/82

(VRA 15, 4)

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bradao	1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5 2	4 4 9 3
光74110		REGISTRAR			REG. NO.	*
m s		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	
ge of		WILLIX	m T	KELLY	9 23	2 85 9:400
may be page 3 ter death	3. St	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
s of	4	M	CAUS.	MONTH DAY YEAR	76	ONTHS DAYS HOURS MIN.
dire	7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	DEDEATH
ZZ ZZ	1	COUNTRY) Md	USA	MARRIED NEVER MARRIED	DATE A	0
the stand	10.0	ITY OR TOWN OF DEATH		WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ME
led the	17	DWSON MO	MULTI-MEL	ADDRESS) MERIDIAN	SELF EMPLOYED	
CAN	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO		VN , 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
1	14 F	ATHER'S NAME	LTO. TOWS	YES NOTHER'S MAIDEN N	614 WOODBI	NE AVE DI
100	/	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
1200	-	JOSEPH III.	KELLY	SARAH	LYNCH	
28 6/			ARMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES)		ADDRESS	
85 9		NO	218-20	2-1540 FAMIA	LY RECORDS	
287 #		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), as	nd (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph		PART I. DE ATH WAS CAU	SED BY: IATE CAUSE (0) OSTEON	YELITIS		5 MONTHS
ding or re			DUE TO, OR AS A CONSEQU	ENICE OF		
ve con,		Conditions, if ony, which		IN BILATERAL DECL	IBITUS ULCERS	
emo mot r fro		gove rise to immediate couse (a), stating the) (2)			
othe		underlying couse last	DUE TO, OR AS A CONSEQU	ENCE OF		
pleo		DART 2 OTHER SIGNIFICANT	(c)			
sign hen to bu	Z	ANEM		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
T. io. T	18	19a DATE OF OPERATION		OPERATION WAS PERFORMED	Las autorius Las atura	
e pr	CERTIFICATION	170 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
Sit p	E				YES NO YES	
Infricote		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
riol- ento frem	S	(IF EITHER NOTIFY MEDICAL EXAMI		19		
d A A	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
s the	>	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFICE	FARM, ETC.)		STATE
Se o eolfl ma	1	220.1 certify that (I) (this has	pital) attended the deceased from	5/29/85		9 85 that (IV(we) ast
of H			9/22 19		deoth occurred on the date and hour	
Ppt. em		22b. SIGNATURE	not) view the body ofter deoth.	DEGREE		226. DATE SIGNED
toch toch E De		Patricia	a Sundel	7.40	MEDICAL STAFF	9/24/85
FUNERAL old be determined the Store	-	22d. PHYSICIAN'S NAME (TYP	_	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	1/24/03
should be de with the Stot			A. SAVADEL		OR DR. TOWSON, A	10 2204
Should be do with the Stol	220					
		BURIAL, CREMATION, REMOVA	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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6 50M 1/81 A 15, 4)		UNERAL DIRECTOR	ADDRESS	R.D. 25a. DA	TE REC'D BY REGISTRAR 256. RECISER	WILL STORY TO STORY T
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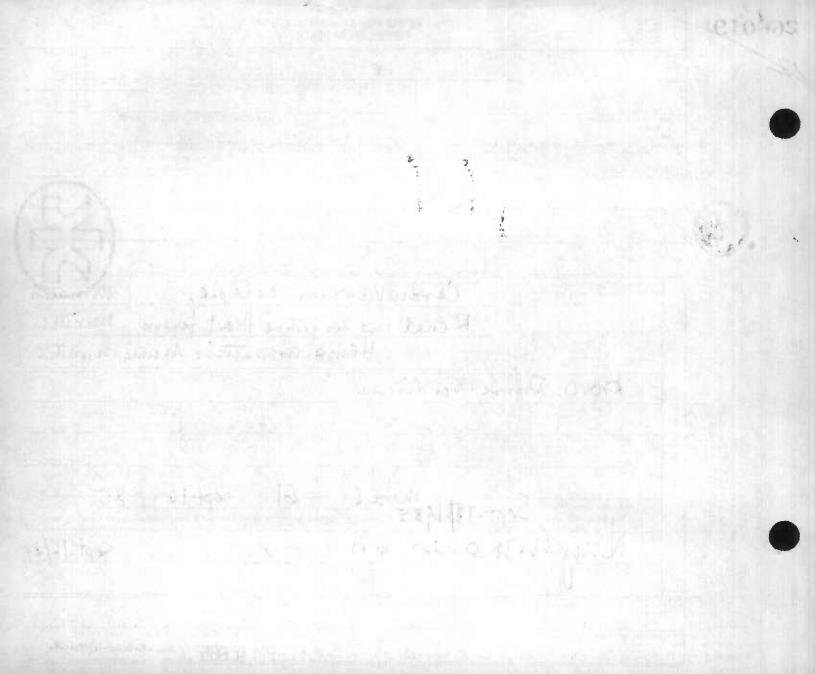
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EN 15	THELMA						
3 SE:	X	4 RACE	2		6. AGE (IN YEARS LAST BIRTHDAY)		MIN,
FE	MALE	WHITE	4				19 11
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	laryland	U.S.A.	WIDOW	ED DIVORCED			MD,
}0 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	OR OTHER THE THE UNION CU		12b. KIND OF BUSINE	SSOR
	_Catonsville				Homemaker		
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		timore Catons	ville			urt 21229	
10/20	HER'S NAME FIRST	MIDDLE LAST				LAST	
TEC	John					Isen	bach
		GIVE WAR OR DATES)					
Port	NO	218-09	-6851	Frank C. Gua	rnera 32 Benw	ay Ct. 21229	
S shows only injury, or other froum	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OHER SIGNIFICANT	DUE TO, OR AS A CONSE	OUENCE OF	T NOT RELATED TO THE TERM	matosis A) INAL DISEASE OR CONDITIO 200 AUTOPSY? 20b	IN GIVEN IN PART 110 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT	TH?
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,	22b. SIONATURE	himaha	n h	ATTENDING PHYSICIAN		22c. DATE SIGNED	18/2
	22d. PHYSICIAN'S NAME GYPI	E OR PRINT)		22e. ADDRESS			
	Dr. Henry Ari	manas		1934 Wilker	ns Avenue		
	BURIAL, CREMATION, REMOVA	AL 236 DATE 2	3c. NAME OF	CEMETERY OR CREMATORY		COUNTY	TATE
	Burial	9/19/85	Cedar		Brooklyn Pk.	A.A. Maryl	
	UNERAL DIRECTOR UBBARD FUNERAL	HOME, INC. 4107	Wilker			EGISTRAR'S SIGNATURE Davidson-Mandelle	_

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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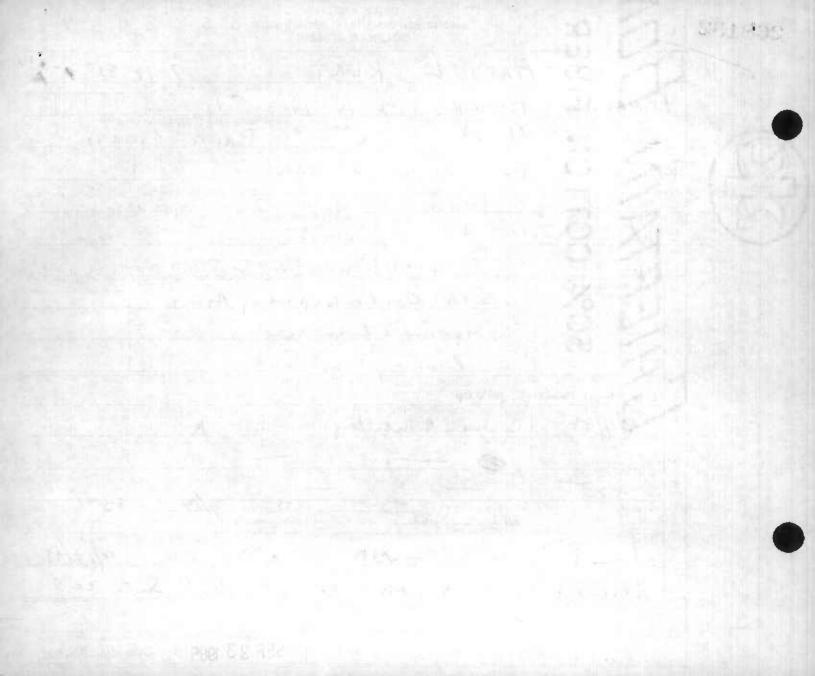
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w require that the bases ugned by the mit. Then please rea arrier to barrier, or other	ATION	couse (a), underlying cai	THE ST.	(c) ONDITIONS <u>C</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	O THE TERM	MIN AL DISEASE C	PRCONDITION	GIVEN IN PA		SUSED
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74 75 9 4		226. SIGNATURE	w	t C	lev	un	DEGREE // D 22e ADDRES	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN [1)	DATE SIG	NED
TO HO retpin TO FI shoul	23e. B	JRIAL, CREMATION,	REMOVAL		CUII				23d. LOCATIO	N			
BP	(5		7al	9/14/	/85				CITY OR I	OWN	COUNTY		STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	NERAL DIRECTOR NAME Anato	omy Bo	ard	ADD	RESS Balt	o., Md.	SEI	P 26 198	70 1	istrar's sic		indere.

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FOR - STATE REGISTRAR				DEPARTA	NENT OF HEA	F MARYLAND LTH AND MENTA ATE OF DEATH		8	5 REG. N	10.	2	4	S. J.	9	1
CEASED NAME	FIRST	11	WIDDLE		LAST		20. D	ATE OF	DEATH	HTMOM	DA	LY Y	YEAR	2b. HOL	JR •

				STA	TE OF MARYLAND	ATIN 2119		2 2 2
8132	1-	FOR STATE REGISTRAR	0		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE & S	2 4	64 9 1
	1 DE	CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEA	R 2b. HOUR 0
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oft.	1 7	CMALE	BLACK	MON	DAY YEAR	71		ATS HOURS MIN.
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JE 11/	1	S.C	IUSA	MARRI	ED NEVER MARRIED L	BALTO	Coun	
A let	10 C	TY OR TOWN OF DEATH		NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126 KIN	D OF BUSINESS OR
担型り	R	ANDALLSTOWN	BAL TIME		N'TY GENERAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	TRY
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625	100	Md	Pn 14	inore	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	gas Ave	21210
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al, cre		underlying couse lost		lmom	Bulshe	7.		
buria ry, ar	1		NT CONDITIONS CONTRIBUT	NG TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T Iro
0 0 0	CERTIFICATION	Obesity; B	whent post op					
å à//	S	IN DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FIN	
liene 3	1 =	9/4/83	Degend	- Alht	0147	YES NO	YES 🗌	NO 🗌
Hygin 18 sh	1	210 ACCIDENT WAS UNDERLYING	110110 4 11 1101	TH DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	(2)
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orked	~	AT WORK NOT WHILE				/		Later St.
s mo	100		ospital) attended the decease		19 0	, to 9/19	19 03	, that (I) (we) lost
21 z		sow the deceased alive	e on 9/17 d nat) view the body after deat	19	and that in (my) (our) opinion	n death occurred on the do	ite and hour and from	the causes stated
Hem		226 SIGNATURE	4 (1)		DEGREE		22c. D	ATE SIGNED
T. T.		- P.	D X C	72	ATTENDING PHYSICIAN	MEDICAL STAF		119/1
AN	1	224 PHYSICIAN'S NAME (1	YPE OF PRINT)		22e ADDRESS		2 0	
with the Stat		Levomé	P. Reichmi	sten to	6080 ta	1/5 Roal	Suto	Ze 3
3 3	23a E	LIPIAL CREMATION PEMO			CEMETERY OR CREMATORY	23d LOCATION		
	(Burial	9-24-85		lis Neck Cem	Annapoli	COUNTY	Md
1011 7 10 1	24. FL	NERAL DIRECTOR			250 DA	ATE REC'D. BY REGISTRAR		
6 60M 7/84	1.13	11iam C Marc	h EIH Inc 4300	Wahach	Avenue	SFP 2.3 1005	No Davida	mark. on

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE OF DEATH MONTH YEAR 26 HOUR A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Balto. County 12a USUAL OCCUPATION 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Millwright Ret. 6513 Moyer Ave. 21206 Bittrick ADDRESS Evelyn Kiefner, Same as 13e 5 Min 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) apinian death accurred on the date and haur and from the causes stated 220 DATE SIGNED STAFF PHYSICIAN PHYSICIAN 8100 Hartord 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

23a BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY

9-23-85

Parkwood Balto.. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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128	1-	STATE REGISTRAR		DEPARTI		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	<i>6</i>	and a	9
		CEASED NAME FIRST		MIDDLE	LA!	17	20 DATE OF DEATH		DAY YEAR	26 HOUR
	() Abe	OR PRINT)	lohn	Michael	K	IST	Septembe	er 3.	1985	3:45PM
	3. SE	(4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	HOURS MIN.
	Ma.	le	Whi	te	7 MONTH	8 1918	67	YRS	MONINS DATS	HOURS MIN.
3	7a BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIEGS	NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH	
27	Ma	ryland	U	SA	WIDOWED		Baltimor	ce Cou	untv	MD
7	F	TY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET Lin Squar		other institution	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Pressman	NC	12b. KIND C	OF BUSINESS OR
	130 S Ma:		e or other institution DUNTY	. GIVE RESIDENCE BEFORE 13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NO S	130.STREET ADDRESS / 302 3rd A	zip code ve. B	alto.,	Md.21206
130	1	John	MIDDLE	Kist		Madaline	MIDDLE		ussell	ŞT
1	1	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		Sec.	
1-00	Ye	3	WW 11	215-03-	1391	George Giese	7413 Castle	emoor	Rd.	21207
1		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	only one cause pe USED BY. DIATE CAUSE (a)		ac Arr	est			APPROX BETWEEN	OMSET AND DEATH
ar ather tro mati		Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse last	(b)	ras a conseoul Respi	ve Cer ENCE OF ratory	ebrovascular Arrest				
lury,	z	PART 2 OTHER SIGNIFICAN	AL CONDITIONS C				AINAL DISEASE OR CONE	ITION GIV	EN IN PART 1	0
9	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	Failu		200 AUTOPSY?	IN CERTIF	, WERE FINDI	OF DEATH?
18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YE Y IN ITEM 18 P		NO 🗌
rked or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE	.M. OF INJURY REET, FACTORY, OFFICE, F	19 FARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
of Health		220.1 certify that (M(this ho saw the deceased alive above.18.1(we) (did) (410	ospital) attended the	he deceased from_ her 3_19_	Augus 85 . and	t 30 , 19 <u>85</u> I that in (** (aur) apinian	, to Septembe death accurred on the do	er 3.	19 <u>85</u> r and from the	that ((we) last causes stated
ote Dept		276 SIGNATURE	u La	yalde	MD	EGREE ATTENDING PHYSICIAN [MEDICAL STAF		22c. DATE 9/3	SIGNED
with the State [IMPORTANT: #			ayaleh, M			9000 Frankli	n Square Dr	., 21	237	
		urial, cremation, remov Burial	7AL 236 DATE 9-5-	85 Mo	st Hol	y Redeemer	23d LOCATION Baltimos			aryland
60M 7/84		INERAL DIRECTOR NAME SSAHN FUNCT	21 Home	1401 BALT		21236 SEP	A O 1985	Sh REGIST	RAR'S SIGNAT	URE

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DIVISION OF VITAL RECORDS, 201 W PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OK ATTENDING PHYSICIAN: The ign requires that the death certificate be executed within 24 boar after death, roge 4 may be should be detected. After this certificate has been igned by the attending physician. TO FUNERAL DIRECTOR. After this certificate has been igned by the attending physician and a makeryly had in by the funeral director, page 3 should be detected for use as the buriol-tronsit permit. The physician contacts and a makeryly made of the physician product of the physician and the physician product of the physician and t
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he formation of the property o	CERTIFICATION	190 DATE OF OPERAT	101	196 COND	ITION FOR W	HICH OPERATIO	WAS PERFO	RMED	200 AUTOPSY? YES NO		, WERE FINDINGS USED YING CAUSES OF DEATH?
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ATTENDIN hospital or IRECTOR. Af- hed for use o ept. of Heolit tem 21 is mo		220 1 certify that (1) sow the decease abave, (1) (we) (c	-		01-01		d that in (my)	our opinian	, to death accurred on the c	9 79 late and hour	19, that (li(we) last and from the causes stated
the office of the control of the con		226. SIGNATURE	av D	H Ma	left		PhD A	TTENDING PHYSICIAN [MEDICAL STA		221. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detoo with the State MPORTANT: II		22d PHYSICIAN'S NA		MAPOI	FF		220 ADDRESS	. ~	1, 11 4	al	
P €	23o	BURIAL, CREMATION,		23b. DATE Oct 2	1985	23c. NAME OF C	od Ceme		23d LOCATION CITY OR TOWN Baltin	nore	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		eonard J.	Ruck,						F REC'D BY REGISTRAL		RAR'S SIGNATURE

STATE OF MARYLAND

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Leoners J. Rudk, Inc. Jalviste, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.	
	CEASED NAME	FIRST	WIDDLE	i	AST		MONTH DAY	YEAR 26 HOUR
-	Mrs.	Jessie I	rene Kli	pp		Septemb	er 21 1985	M
Fe	male	September 21 1985 Caucastan						
	RTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O	1.00	ATH
	ryland	United	States		•	Baltimore Co	ounty	MD.
	TY OR TOWN OF DEATH	(IF NOT IN SI	CH FACILITY, GIVE STREET A	G HOME (TYPE OF WORK FOR MOST O		KIND OF BUSINESS OR
Cla. 1	FATE 13	Bb. COUNTY	13c CITY OR TOWN	N	37	3629 Eitemil	ZIP CODE	21207
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			16b SOCIAL SECUI	RITY NO.			SS	21207
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NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	ainal disease or con	DITION GIVEN IN	PART Ito
CERTIFICATION	19a DATE OF OPERATIO	DN 196. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYING	
1	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH HOUR	M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR	PART 2)
MEDICAL		IAT HOME S		ARM ETC)	211. LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
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	22b. SIGNATURO	B.M.	doeu		ATTENDING PHYSICIAN		FF	C DATE SIGNED
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DHMH - 16 60M 7/B4 (VRA 15, 4)

Burlal

23a BURIAL, CREMATION, REMOVAL 23b. DATE 9-24-85 23¢ NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

23d LOCATION Woodlawn

Baltimore Maryland

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - amines Mariane

JET 4 - 1985

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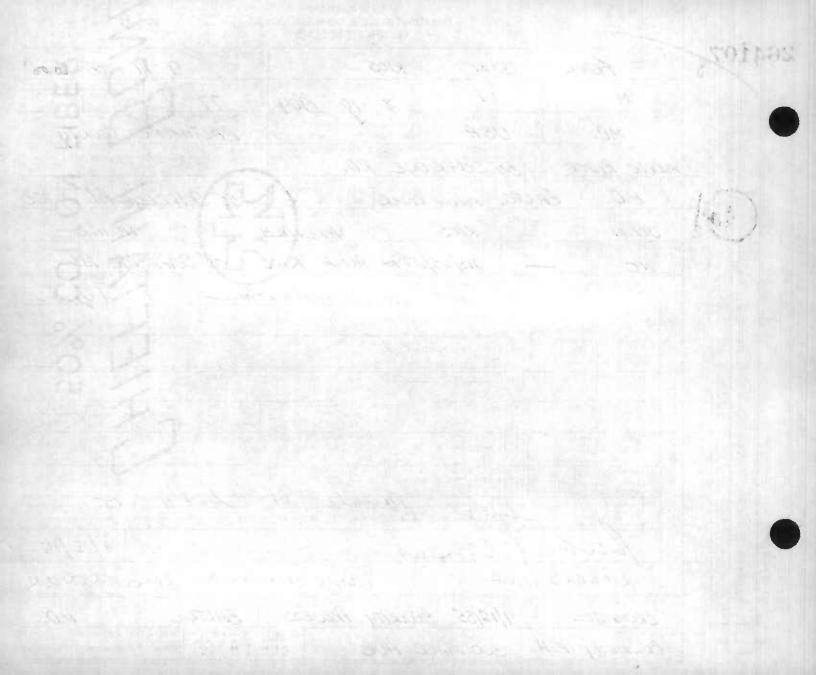
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	[TYPE	ORPRINT) FRANK	John	K/05	91	1 1985 10:00 M
ctor. pa	3. SE)	M	4 RACE	5. DATE OF BIRTH	VEAR (IN YEARS LAST BIRTHDAY) YEAR 77 YEAR	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
of Pour		RTHPLACE (STATE OR FOREIGN	OB CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAI	RRIED BALTIMORE CITY OR COUNT	
by the fune		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	KCED	126 KIND OF BUSINESS OR
n 24 hour	USUA	AL RESIDENCE (IF NURSING HOME OR ISTATE 136 COUN	TY 13c. CITY OR TOW	2 . 1	LIMITS? 136.STREET ADDRESS / ZIP COD	Ge Rd. 2120
de la companya de la	2	TONIA	KIOS LAST	15 MOTHER'S M	AAIDEN NAME ST MIDDLE	NOUAK
n and c Pages		VAS DECEASED EVER IN U.S. ARA (ES. NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 3/8/05/5			dge Rd.
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that the death ce by the attending ass remove carb of, cremation, ar r ather traumatic	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c) (c)			
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he law r on. hos bee r permit. ene prio aws ony	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO NO
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ottendin ter this c is the bur rked ar h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE !	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
pital or TTENDIN TOR: Af far use of far use of tealth			ol) attended the deceased from	Whitember, and that in (my) (au	19_87 to	, 19, that (1) (we) last us and from the causes stated
At OR A the has AL DIREC detached ate Dept IT: If Hem		226 SIGNATURE	Brown	PH	ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN	221 DATESIGNED 9/12/75
to HOSPIT. TO FUNER by Should be a with the Stelling MMPORTAN		RICHAND		27e ADDRESS	OF MARYLAND CAN	KER CENTER
BP	(SPECIFY) CLEMATION, REMOVAL	9/10/85 30.1 9/10/85	NAME OF CEMETERY OF CRE	ess BALTO.	COUNTY MO
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FL	CONNELLY F. H	. 300 MACE	. Ave	SEP 1 8 1985 ASA	TRAR'S SIGNATURE



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OF	LEGESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOUR! PRESTON STREET,	3. SEX	ale	RACE White	5. DATE OF BIRTH		6. AGE (IN YEAR LAST BIRTHON	AONTH	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUN DEAD	NCED	MONT	DAY		10 A 3
6	NERAL POR YOUTHIN PREST		RIHPLACE (STA		76. CITIZEN OF W			9	ED NEV	VER MARRI				OR COU	COUNTY OF DEATH		
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MD.	I - < 2 - /	14 F/	ATHER'S NAME		WIDDLE		LAST		15 MOTHE	R'S MAIDE			MIDDLE			LAST	
2	A STATE OF		Daniel		Joseph		Knight	on		lary		_	ou			Fall	
IMO	B 50 88	16a. V	VAS DECEASED ES, NO, OR UNKNOW		MED FORCES?	16b. SO	IAL SECURITY	NO.	17. INFORM	TNAN			ADDRI	SS		2121	2
IALT	A HOUSE	417	no			215-	48-6070)	Mrs.	Mary	Lou	Knigl	nton	200 1	Rege	ster	Ave
- 2	30.0 18.0		18 CAUSE OF	DEATH (Enter or TH WAS CAUSE	nly ane cause per line	for (a), (b), and (c).)				177	109			BE	APPROXIMAT	E INTERVAL
201 W. PRESTONST	PERM SIER VAL		AKITOLA		TE CAUSE (o)		Cardiac		lure								
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DIVISION OF VITAL RECORDS,	H S S A I S	z	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL OISEASI	OR CONDITION	N GIVEN IN PAI	RT 1 to						
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NO.	THIS CERT WARDED PAGE 3 SI TATE DEP	WE	WHILE AT WORK	NOT WHILE [STREET, FAC	TORY, FARM, E	TC }		TREET			CITY OR TO	WN		COUNTY		STATE
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PACE A SHOULD BE FORWARDED TO ENNEAL DIRECTOR: PAGE 3 ATTER DATH, WITH THE STATE DE BANT MORE, MARYLAND, 21201 P		22a I certify death resulted	1	ge of the remains des	gritted abo	ve, held an		Hamic	Inspection inde		Inquiry ermined mo	onner [and in my	apinian		
	A COURT		ACTUAL SIGNATURE	Mem	WS R	my	1011	Wes		stant	MED	ICAL EXAM	AINER	DAT	E C	9-4-8	5
	MEDIC COUTE THE GE 4 ST FILL DINES		EXAMINER'S N	AME Den	nis F. Sm	yth,	M.D.		ADDRESS_	111 P				O., N	ID 2	21201	
	524543	230.B	URIAL, CREMATI				NAME OF CEM					CATION			YINUC		TATE
07/84	BP/30/	13	Burial		9/7/85	Du	laney V	alle	ey Cen	netery	7	Cocke	ysvi		JUNIT	Md	
25A4	DHMH - 17	24 F	JNERAL DIRECT	OR	ADDRESS					25a. DATER				GISTRAR	SIGNA		15
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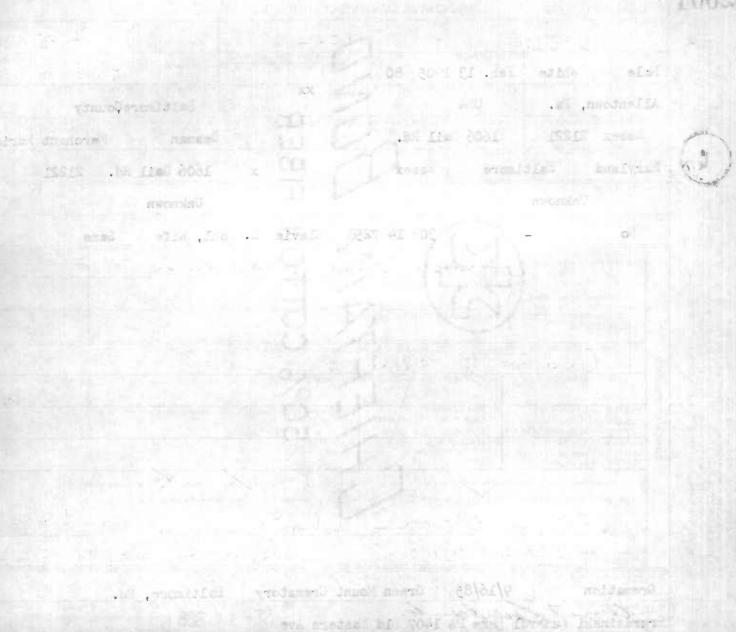
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 262004 - STATE REGISTRAR REG. NO . DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-1985 10 DEATH MATED 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR 7d HOUR IF UNDER 24 HRS 2c. DATE PRONOUNCED Feb. 13 White 1905 80 DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR EVER MARRIED Allentown, USA Baltimore County DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 1606 Gail 21221 Merchant Marine JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 130 STREET ADDRESS Gail Rd. 13CACITY OR TOWN 13d. INSIDE CITY LIMITS? Essex 21221 YES [NO TA 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Unknown Unknown 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 308 14 7258 Clevie L. Kohl. Wife Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Morue Ischemuc Myocardia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL-HEALTH AND MEI ALE CREMATION, O lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190 DATE OF OPERATION USED OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER: THIS CER.

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"TOR: PAGE 3 SHOULD BE UF

"STATE DEPARTMENT O YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK FUNERAL DIRECTOR: 229. I certify that I took charge of the remains described above, held an and in my apinian Natural causes Accident Hamicide Undetermined manner ACTUAL DATE MEDICAL EXAMINER EXAMINER'S NAME EXECUTE PAGE A P (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION STATE 9/16/85 Green Mount Crematory Baltimore, Md. BP 07/84 25M DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** - www. Thisping indelle Funeral Bone PA 1407 Old Eastern Ave (VR A15 ME (51)



254116	1.	FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTA CERTIFICATE OF DEATH		2 .	4 5	0 6		
25 1		CEASED NAME FIRST OR PRINT) Vic	tor	I	raft	20 01112 01 0211111	MONTH DAY	YEAR	26 HOUR 11:10pM		
pe 4 moy sche, peg	3. SE		4 RACE WHITE		MAY 5, 1900 YEAR	6. AGE IN YEARS LAST BIR	6. AGE (IN YEARS LAST BIRTHDAY) (F UNDER 1				
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TAL OR SAL DISE		Tanne I	1. Demic	ki	DEGREE ATTEND	ING MEDICAL STAI	FF	9 -	4-85		

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

SEPT.5,1985

Dr. J Wernicki

230. BURIAL, CREMATION, REMOVAL SEPT.

SFP

23d LOCATION
CITY OF TOWN
BALT IMORE

- TOWSON, MD

25a. DATE REC

GBMC

231. NAME OF CEMETERY OR CREMATORY

OHEB SHALOM

REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

STATE

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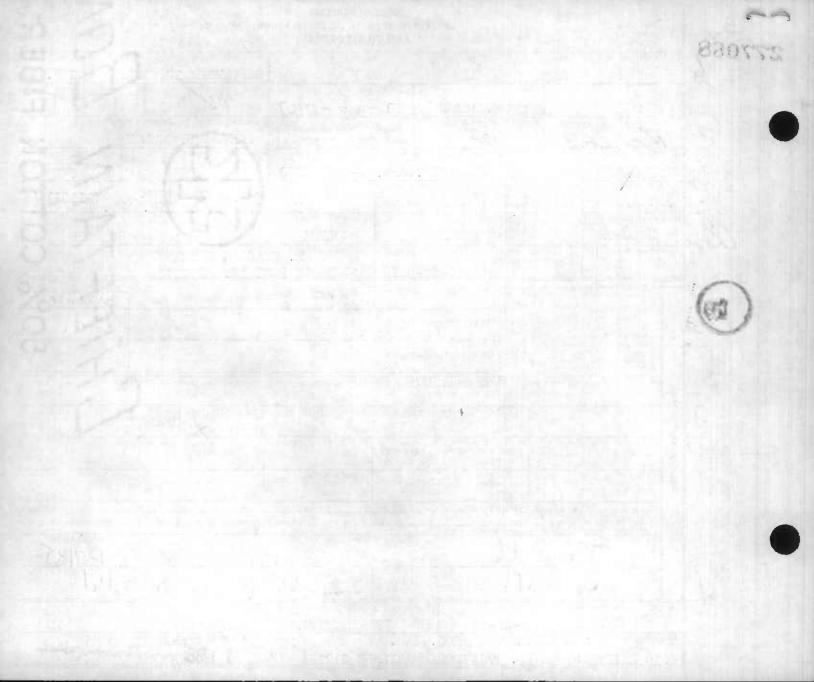
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

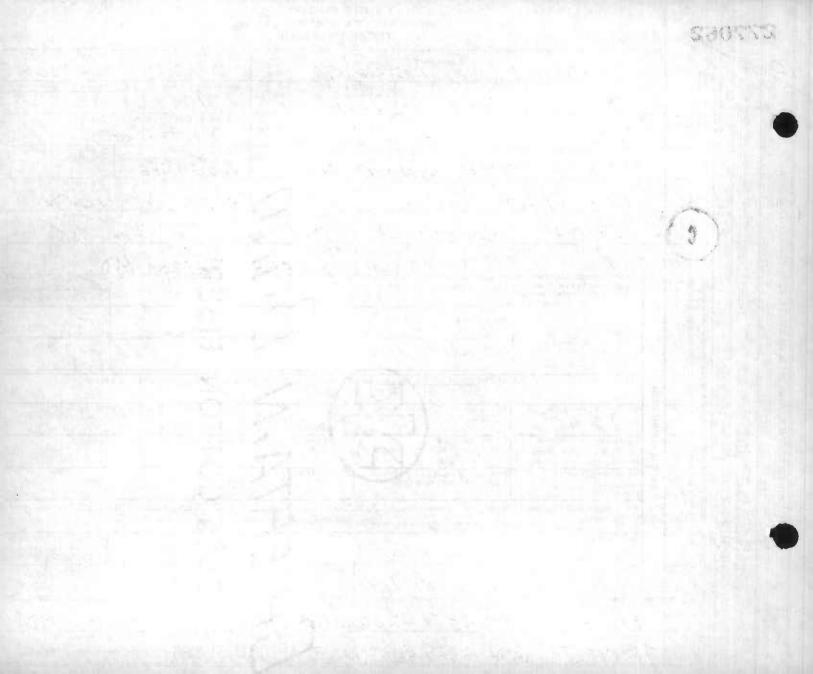
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68085		FOR - STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAI ICATE OF DEATH			D REG. NO.	2	4 5	0 /
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E See	3 SE	X		RACE		5 DATE C		6	AGE (IN YEARS			NDER 1 YEAR	IF UNDER 24 HRS
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op 10 Ch		IRTHPLACE (STATE OR FO	REIGN 7	L CITIZEN OF W	HAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9	BALTIMORE	CITYOR	COUNTY OF	DEATH	
18 / E		echslovak		USA		WIDOWE			Baltimo	re C	ountv		MD.
16	B	ltimore,	MD	Frankl	in Squ	are E	or other institution	N 1	TOME ME	UPATION	ORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
	ME		IN COUNT	OTHER INSTITUTION C	Baltim		134 INSIDE CITY LIMI	ITS? 1	STREET ADD	RESS / Z	Ave.,	212	06
100 OC	4 F	ATHER'S NAME FIRST	M	IDDLE	Pick	a	15 MOTHER'S MAIDE FIRST Anna	EN NAME		DDtE	14/	LAST	
ond co	160.	WAS DECEASED EVER IN		NED FORCES?	20-44-	9548	17 INFORMANT	3		ADDRESS			J.C.
Poges medic	1	YES NO OR UNKNOWN)	(# 163, 0116]	17 20	60221	Joseph 1	E. U	Jrban,	21	Manor	: Ave	. 21206
mit Then please remove prior to buriol, cremove prior to buriol, cremotion injury, or other from	CERTIFICATION	Conditions, if any, gave rise to imme couse 101, stating underlying cause PART 2 OTHER SIGNI	diote the lost.	DUE TO, OR	AS A CONSEOU	JENCE OF DEATH BUT	rt Failure NOT RELATED TO THE N WAS PERFORMED		AL DISEASE OF	(?	70b IF YES, W	ERE FINDIN	VGS USED
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s the bur h and Me rked or h	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK		21e PLACE O	F INJURY ET FACTORY, OFFICE	FARM, ETC	214_LOCATION STREET		CI	TY OR TOWN		COUNTY	STATE
AL DIRECTOR Affective of set of Health of Heal		22a I certify that (4) (1 saw the deceased above, (4) (we) (dia 22b, SIGNATULE				85	DEGREE ATTENDI	pinian dei		the date			SIGNED
should be der with the State			irk,				22e ADDRESS 9000 Fran	klin	Sq. Dr	., 2	1900		
	ur	BURIAL, CREMATION, RI		236. DATE 9-21-8	5 B	ohemi	emetery or cremat a Nation	al	Bail't	ŏ.,		1	nore, MD
NH - 16 60M 7/84 (VRA 15, 4)	256	SHEET MI	ller	Inc.	641,5 _{RES} E	Belain	Rd 21206	PATER	REC'D. BY REGI	STRAR 25	b REGISTRAR	'S SIGNATI	URE

2008	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	2 4 5	0 8
7000		CEASED NAME FIRST		WIDDLE	LA	ST	26. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
deoth deoth		AN	NE	R.	K	UFF	SEPTEMBER 27	, 1985	2 P. M
frer po	3 SE	X	4 RACE	Contract of	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
010		FEMALE	CAU	CASIAN	7 -	-10-1907	18	YRS.	
1 26	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
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3	R	ANDALLSTOWN	3920 N	OYES CIR.	,APT.	T-3 (21133)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWIFE		HOME
86	USU 13a. S MA	AL RESIDENCE (IF NURSING HOME STATE RYLAND 135 CO BAL	OR OTHER INSTITUTION UNITY TIMORE	RANDALL		13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP 3920 NOYES C		1 <u>3</u> 33 <u>)</u>
101	14 F/	ATHER'S NAME	MIDDLE	Lacy		15. MOTHER'S MAIDEN NA			
100	1	SOLOMON	MIDDLE	HEYMÂN		LENA	WIDDLE	FULKOF	F
0		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT MR. C	HARLES HEYMAN		
1		NO NO	DIVE WAR OR DATES)	212-01-		3409 OLD PO		8	
		18 CAUSE OF DEATH (Enter	only one couse pe			1			ATE INTERVAL
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injury. o	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ontributing to [DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	N GIVEN IN PART 110	
叔	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NOW	IF YES, WERE FINDING CERTIFYING CAUSES O YES	
10		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	EAIR	M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
ked or #	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	.M. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
is mor		22a I certify that (I) (this ha		ne deceased from			. 10		not (I) (we) lost
of h		sow the deceased alive	not i view the books	rafter death.	, on	d that in (my) (our) opinion	deoth occurred on the dote or	nd hour and from the co	ouses stated
IT: # Hen		226 SIGNATURE	dlill			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE S	IGNED
with the State [220 PHYSICIAN SHAME (TYP	TO++			220 ADDRESS 222 W (c/c	Ispurs lune f	Bultolid	
2 3 ₹ 2		BURIAL, CREMATION, REMOV	AL 236 DATE	23c. N	AME OF CI	METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
_		BURIAL	9-29-		AI IS	RAEL CONG.	BALTIMORE		MD
OM 7/84		UNERAL DIRECTOR SOL]				0	E REC'D. BY REGISTRAR 256. R	Lin Landon	
5, 4)	60	10 REISTERSTO	VN RD. BA	LTIMORE, N	<u> 1ARY LA</u>	ND 21215	U 1900 7	Nett's from Justing	



277062	1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 5	2 4 5 U Y
AND 21201 In 24 hours offer death. Page 4 may be filled in by the funeral director, page 3 pourt be filed within 72 hours offer death.	3 SE 7a. BI C 10 €	EASED NAME FIRST OR PRINT) MALIE RITHPLACE ISTATE OR FOREIGN DUNTRY) TY OR TOWN OF DEATH ESSEX AL RESIDENCE JIF NURSING HOME. 131 COL MD - 136 COL M	18 CITIZEN OF WHAT COUNTR 10 CITIZEN OF WHAT COUNTR 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR OR OTHER INSTITUTION, GIVE RESIDENCE BE	S. DATE OF BIRTH MONTH DAY 12-15-1910 RY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED CONCERT INSTITUTION REET ADDRESSION OWN 134. INSIDE CITY LIMITS? YES AND DIVORCED NO DIVORCED YES ADDRESSION OWN	20. DATE OF DEATH 9. 29/3 6. AGE (INYEARS LAST BIRTI 9. BALTIMORE CITY O BALTE 120. USUAL OCCUPATION 174 174 174 126. USUAL OCCUPATION 174 174 174 174 175 175 175 175	MONTH DAY YEAR 2b. HOUR ADAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN R COUNTY OF DEATH DON 12b. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY
it, BALTIMORE, MARYLA rifficote be executed within physician and condeted on poper. Page and emovol.	160 \	100	only one couse per line for Lat. (b).	15 MOTHER'S MAIDEN IN FIRST STEFAN COURTY NO. 17 INFORMANT -5304 MR. ENLIC	ADDRE ADDRE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
301 W. PRESTON ST es that the death cert and by the attending please remove corboi uriol, cremation, or re v, or other froumatic e	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	RTENSIVE CI		
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physicion. The properties of the buriol-tronsit permit. Then of the buriol-tronsit permit. Then the ond Mental Hygiene prior to borcked or Item 18 shows any injury.	MEDICAL CERTIFICATION	190 DAJE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE AT WORK AT WORK	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	700 AUTOPSY? YES NO D URRED (ENTER NATURE OF INJUR CITY OR TOW	
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275023	١.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE 8 5 2	4510
	μ.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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ST., BA		18. CAUSE OF DEATH (Enter only of PART 1, DEATH WAS CAUSED B	Y: No. Louds	tec Carcinoma	foth lung.	FL-1985
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔏

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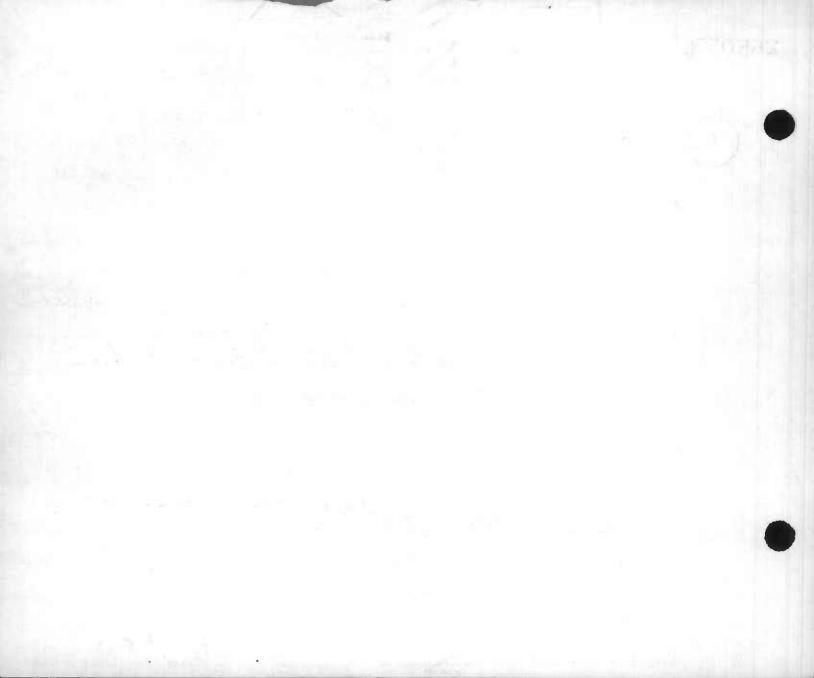
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9e 4	FE	MALE		WHITE		JÜNE	24, 1912 YEAR	73 y	'RS	HOURS MIN.
Pogo		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH	
de de de	MA	RYLAND		USA		WIDOWE		BALTIMORE C	OUNTY	MD.
		ITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	128 USUAL OCCUPATION		OF BUSINESS OR
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ompl	70	HN SPARE					CARRIE WATTS			
x eco	16a V	VAS DECEASED EVER		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
o o o o	NO						MR. JOSEPH L	ANG 5555 OREG		XIMATE INTERVAL I ONSET AND DEATH
HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certimed by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the otherding pold be detached for use as the bunol-transit permit. Then please remove carbon in the State Dept of Health or more than the State Dept of Health or marked at IEEE 18.00 and injury, at other traumatic even ORTANT: If them 21 is marked at IEEE 18.00 and injury, at other traumatic even	MEDICAL CERTIFICATION	190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [[IF EITHER NOTHY MED 21d. IN JURY OCCUR	which mediate ng the lost the	DUE TO, CO (c) (c) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	DE INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from	OPERATION AY YEAR 19	N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 214. 19 24. 19 26. d that in (my) (our) apinion DEGREE	ANNAL DISEASE OR CONDITION 200 AUTOPSY? YES NOW CITY OR TOWN CITY OR TOWN ACCOUNTED ON THE MODERNA CONTROL OF	IF YES, WERE FIND ERTIFYING CAUSE YES MIN PART FOR PART 21 COUNTY 19 85 d hour and from the	INGS USED S OF DEATH? NO STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP

FOR

24 FUNERAL DIRECTOR NAME AMBROSE, IN ADDRESS INC. 1328 SULPHUR SPRING ROAD 250. DATE REC'D, BY REGISTRAR 254 PEGISTRAR'S SIGNATURE
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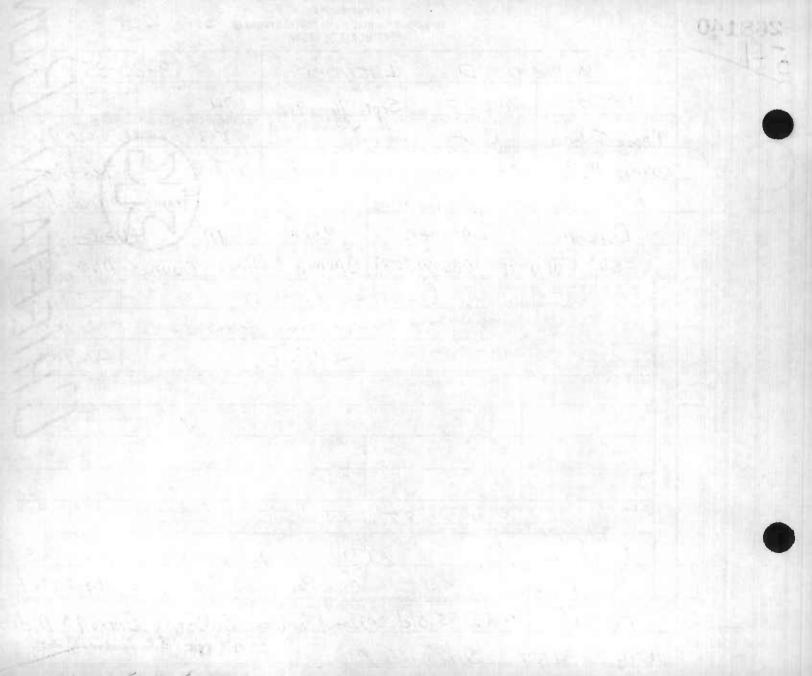
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

(VRA 15, 4)

STATE OF MARYLAND

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	0	CIT	OR TOWN OF DEATH		HOSPITAL, NURSIN		el Road	120 USUAL CO	FOR MOST OF WO		LEX-	BUSINESSOR
113	3	1. S1		OTHER INSTITUTION	130. CITY OR TOV		136 INSIDE CITY LIMITS?	13 STREET A	DDRESS / ZII		apel	1117 Road
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Popular Co	1 16			MED FORCES?	035 07	3239	CARMEN L	Atimez	ADDRESS Owi	nas 1	Mills	21117 Md.
physics company choose			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	lly ane cause p D BY: [E CAUSE (a)	1 /	ARDII	AC ARRE	357		0	APPROXIMA BETWEEN ON	SET AND DEATH
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7AL OR v. the ho RAL DIRE distriction of it likes			226 SIGNATUR	ul		N		MEDICAL DIRECTOR	STAFF PHYSICIAN		9- 20	- 85
O HOSPITA Homed by O FUNER Should be di Hospital the Spa			27V PHYSICIAN'S NAME (TYPE O	CH	JR.		6560 PANO	RAMA S	MESUI	LLE,	Mo	21784.
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DHMH - 16 60M 7/84 (VRA 15, 4)			NERAL DIRECTOR	ht	SUKOSI)	1110	MD Bab	EP 23	985 25b	REGISTRAR'S	SIGNATURE OF	andels



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	CATE OF	DEATH		REG. NO.			1
	CEASED NAME FIRST		NDDLE	LA	AST	1	20 DATE OF D		SAY YEA	3F-HO	UR
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	Ferraly.	WHITE		APR.	· 21,	1890	9.	I I K		rours.	
aler (S	HTHPLACE (STATE OF FOREIGN COUNTRY) MARYLAND	USA	WHAT COUNTRY?	MARRIED WIDOWE	NEVER	MARRIED XX		ECITY OR COUNTY IMORE CO			MD.
MIC	TY OR TOWN OF DEATH		OSPITAL, NURSING	G HOME O		No.	12a USUAL OC	CUPATION	12b. KIN	ID OF BUSIN	
	ANDALLSTOWN	BALTIN	ORE COUN	TY GE	N. HOS	Ρ.	SALES	LADY	STE STE	WART'S	
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 135 COUN MARYLAND	OTHER INSTITUTION NTY	BALTIMO	N I	134 INSIDE O	NO [3600 L	DRESS / ZIP CO ABYRINTH	DDE RD.	#2121	STORI 5
14. F/	ATHER'S NAME			1	15. MOTHER	S MAIDEN NAM					
	ROBERT	MIDDLE	UPHEÎMER			BETTY		MIDDLE	UN	KNION	WN
16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORM			eass; Jr		•	
	YES NO OR UNKNOWN) (IF YES, GIV	E HAR OR DATES)	214-03-6	657A	4213	WICKFO	RD RD.	BALTO	, MD	2121	0
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	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	ZIR. HOW IF	NJURY OCCURR	CED (ENTER NATU	RE OF MIJURY IN ITEM	18 PART I OR PART	2)	
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	220 I certify that (I) (this hospi sow the deceased alive on abave, (I) (we) (did) (did no	9-18	19.	85-, on	d that in (my	(our) opinion o	, to death occurred	on the date and t	, 19 hour and from	, that (1) the causes :	
	22b. SIGNATURE	08/	360	1	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF	22c. D	ATE SIGNED	25
	22d PHYSICIAN'S NAME (TYPE OF	BU!	3		22e ADDRE		Park	Heij	hts	212	08
23a (BURIAL, CREMATION, REMOVAL	23b. DATE 9/20/8	5 Н		FRIEN		BALT	IMORE		RYLAN	STATE D
24 FI	UNERAL DIRECTOR SOL I	EVINSON	& BROS.,	INC.		25a DAT	SFP 284	GISTRAPIOS REG	ISTRAR'S SHO	NATURE	b

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and cashould be detached for use as the busial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the gredical

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physician.

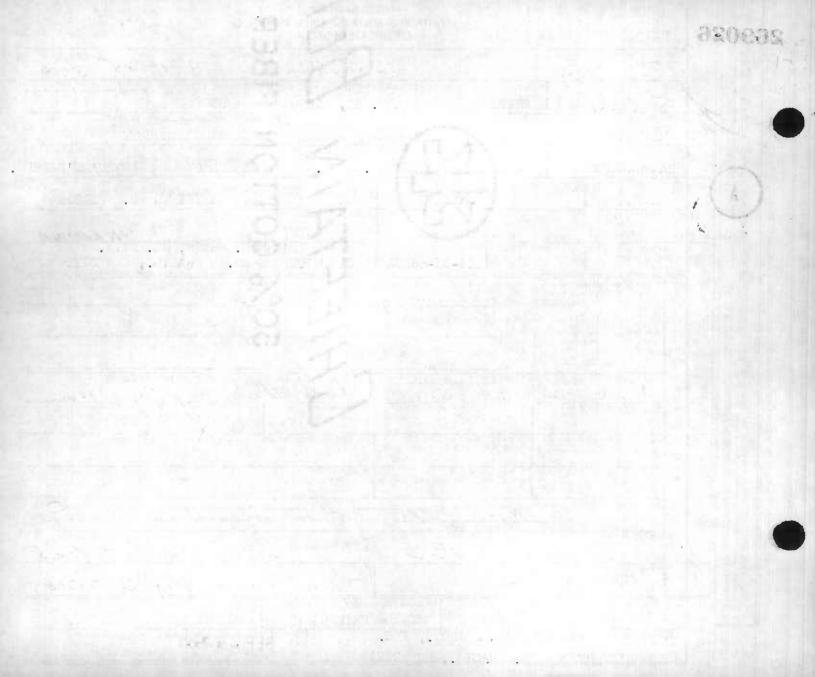
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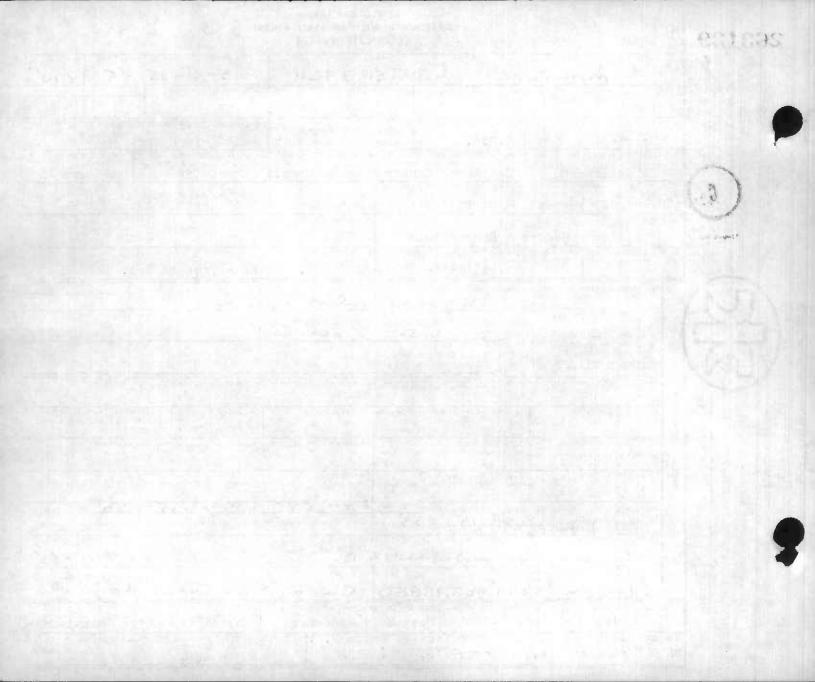
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263129	7.	FOR STATE REGISTRAR MARION	LAUTERBACH		NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	2 4	3 1 2
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moy moy	3 SE		RACE		S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		ER I YEAR IF UNDER 24 HRS
ge 4	V	FEMALE	WHITE		March 29, 1898	87	YRS	DAYS HOURS MIN.
Gooth, Pog		RTHPLACE (STATE OR FOREIGN) COUNTRY) Maryland	U.S.A.		MARRIED NEVER MARRIED NOWED NOVORCED	Baltimore City o		EATH MD
s offer de	T0 C		11. NAME OF HOSPITAL, I	NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O Housewif	ON 12b F WORKING LIFE) INI	KIND OF BUSINESS OR DUSTRY WN Home
24 hour	13a	AL RESIDENCE (IF NURSING HOME ORG STATE HUNCOUN Maryland Howar	TY 13c CITY C	RTOWN	City YES NO X	13e STREET ADDRESS / 4009 Chat	ZIP CODE	21043
Par Author	DF/	ATHER'S NAME William George	ge Schoeff	ield	15 MOTHER'S MAIDEN NA Ella	ME	Dock	al LAST
on ond as S. Poge	16a V	VAS DECEASED EVER IN U.S. ARM YES NOOR UNKNOWN) (IF YES GIVE NO	MED FORCES? 166 SOCIA WAR OR DATES) 216-4			ADDRE		
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BP	23a E	BURIAL, CREMATION, REMOVAL	23b DATE 9-17-1985		ME OF CEMETERY OR CREMATORY t Holy Redeemer	23d LOCATION CITY OR TOWN Baltimore	e City	Maryland State
HMH - 16 60M 7/B4 (VRA 15, 4)	Le	royal Mise & Russell 30 Edmondson Ave	C. Witzke F	uner	al Homes P.A. 250 DA	TE REC'D. BY REGISTRAR	25h REGISTRAR'S	

STATE OF MARYLAND



r death. Page 4 may be and director.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter etained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical across the burial-transit permit. Then please remove carbon properties on the burial-transit permit. Then please remove carbon properties with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The k etained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon parties with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removing
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

EPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH		STATE OF MARYLAND	
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LAST 2- DATE			

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	FOR STATE RECISTRAR	DEP		EALTH AND MENTAL HY	GIENE 8 5	2 4	0 1 0
1	(TYPE OR PRINT)	ARY M.	2	AST LAW		9-24-8	26 HOUR 65 1-10P M
ı	3. SEX 4	RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
1	Female	White	Dec.	16, 1898 YEAR	86	YRS	NYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUN	JIPY2 R	NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY OF DEATH	,
í.	Maryland	U.S.A.	WIDOWE		Baltin	nore (0)	inti MD.
1	Towson Md	NAME OF HOSPITAL, N HENOT IN SUCH FACILITY, GIVE ST. JOS	STREET ADDRESS)	Hospital	126 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Payroll C		
41.0	USUAL RESIDENCE AT NURSING HOME OR OT 136 STATE 136 COUNTY Maryland Baltin	13c. CITY OF	RIOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 635 Piccad		21204
ď	14 FATHER'S NAME	DDIE 1AS	1	15 MOTHER'S MAIDEN NA	AME	BY WOOD	1 4 5 7
H	William J.		Law	Mary	A.	Pi:	lkington
ı	WAS DECEASED EVER IN U.S. ARME		SECURITY NO.	17 INFORMANT	ADDRE	SS	
4	NO	215-0	7-8146	Dr. William	R. Law - Sa	me as #13e	
	PART 2 OTHER SIGNIFICANT COL	DUE TO, OR AS A CON-	SEQUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	ichion	ROXIMATE INTERVAL EEN ONSET AND DEATH
1	190 DATE OF OPERATION	196 CONDITION FOR W	/HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
	OR CONTRIBUTING (CAUSE OF DEATH	P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
1	22e L certify that (1) (this hospital) ottended the deceased f			, to	. 19	that (I) (we) last
1	saw the deceased alive an abave, (1) (we) (did) (did not) v	view the body after death.	.19, an	d that in (my) (aur) apinion	death occurred an the do	ate and haur and from	the causes stated
	226. SIGNATURE	JP.K	Disjon	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF .	124/8
1	226 PHYSICIAN'S NAME (TYPE OR	6	0	22e ADDRESS		- 1	/ //
	Dr. Beating P.	Dizon		St. Joseph	's Hospital	-Osler Dr.	21204
	230 BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Cremation	9-25-85	Westvi		Balto.		Md.
	24 FUNERAL DIRECTOR	ADD	RESS 1050 Y	ork Rd. 250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE
	Ruck Towson Funer	al Home, Inc	.Towson,	Md.21204 SE	P 3 0 1085	. Tuisida.	70.

DHMH - 16 60M 7/84 (VRA 15, 4)

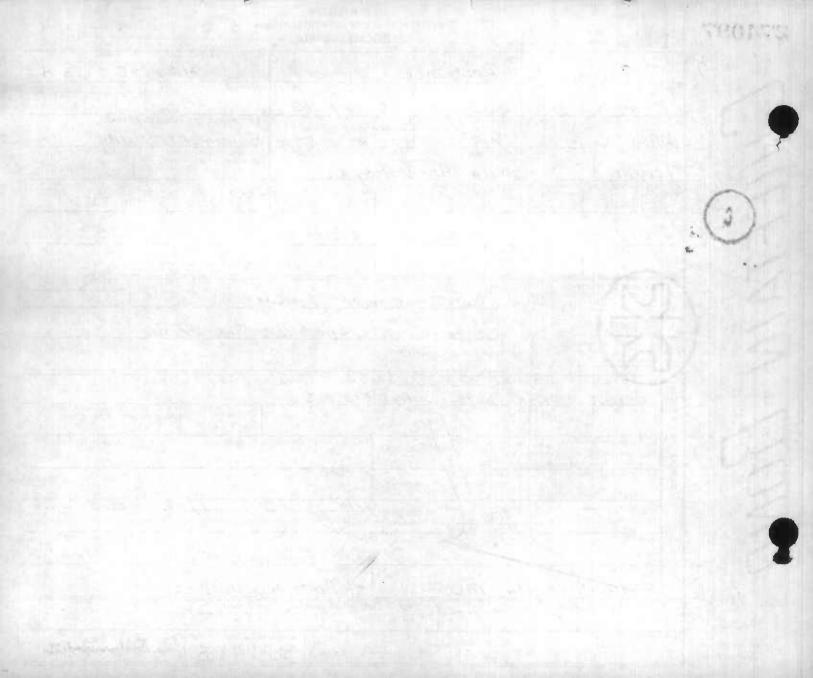
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wa Laurdson

C March F/H, Inc. 1101 E North Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)



2		EASED NAME	FIRST		MIDDLE		AST	REG. N		DAY YEAR	2b. HOUR
,	(TYPE	OR PRINT)	Jo	ohn H. L	awrence			Septembe	r 20,	1985	
4	3. SE)	M		4. RACE		5. DATE O	B, 1905	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAY	
1	7. BU	Md.	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	18	D NEVER MARRIED	Baltimore City	OR COUNTY	Y OF DEATH	
V	В	ty or town of DE. altimore		(# NOT IN SUC	108 Blenhe	G HOME (ADDRESS) Re	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST Engineer	TION OF WORKING LII	126. KIND INDUSTR CIV:	of Business
3	13a. S	AL RESIDENCE (IF NURS TATE Md.	Balt.	OTHER INSTITUTION, ITY LMORE	Baltimor	ADMISSION) N Ce	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6308 Ble	nheim	Road	21212
30	FA	THER'S NAME Engleber	rt Co					rnadine Hey		ı	AST
		VAS DECEASED EVER ES NO OR UNKNOWN) NO		MED FORCES?	213 01 8		Sally A. La	wrence 630			
		18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSE	ily ane cause per D BY: TE CAUSE (a)	line for (a), (b), and	d (c).)	FAILURE			BETWEE	DXIMATE INTERVAL N ONSET AND DEA
other tr		Conditions, if any gave rise to important cause (a), statist underlying cause	mediote ng the	DUE TO, OI	R AS A CONSEQUE		NIC CARLLA	voma			
ws any injury, ar ather tr	IFICATION	gave rise to im- cause (a), statis underlying cause	mediate ng the last.	(c)		E2	NOT RELATED TO THE TERM	NAL DISEASE OR COI APK NSOU 200. AUTOPSY?	20b. IF YE	S, WERE FINE FYING CAUS	DINGS USED
them 18 shows any injury, or	DICAL CERTIFICATION	gave rise to im- cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED)	mediate ng the last. NIFICANT (TION DERLYING CAUSE OF DEALEXAMINES	(c)	ONTRIBUTING TO DE TO	DEATH BUT	NOT RELATED TO THE TERM OF T	NAL DISEASE OR COI PRK NSOU 200. AUTOPSY? YES NO	20b. IF YES	S, WERE FINE FYING CAUS	DINGS USED ES OF DEATH? NO
injury, or	MEDICAL CERTIFICATION	gave rise to im- cause (a), statin underlying cause PART 2 OTHER SIGI 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	mediate may the man th	(c)	ONTRIBUTING TO DE TO	DEATH BUT E2 OPERATIO AY YEAR 19	NOT RELATED TO THE TERMINAL WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET	NAL DISEASE OR COI PRK NSOU 200. AUTOPSY? YES NO	20b. IF YES	S, WERE FINE FYING CAUS	DINGS USED ES OF DEATH? NO
or Item 18 shows any injury, ar		gave rise to imicause (a), statifunderlying cause PART 2 OTHER SIGI 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR WHILE NOTIFY MED 22a. I certify that (1) saw the decas above, (1) (we) (mediate ng the property to the control of the control DERLYING CAUSE OF DEA CAUSE OF	(c)	DNTRIBUTING TO E TO MITTON FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY	DEATH BUT POPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT WAS PERFORMED. 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19.300 nd that in (my) (our) apinion	NAL DISEASE OR COL	20b. IF YE. IN CERTII YE IN CERTII YE.	S, WERE FINE FYING CAUS ES PART 1 OR PART 2 COUNTY	DINGS USED ES OF DEATH? NO
frem 21 is marked or frem 18 show-any injury, or		gave rise to imicause (a), stating underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d. IN JURY OCCUR WHILE NOT WAT WORK AI WORK AI WORK Sow the decess above, (1) (we) (22b. SIGNATURE)	mediate ng the property that TION DERLYING CAUSE OF DE- ICAL EXAMINER RED (I this haspi ed alive an did) (did no	(c)	DNTRIBUTING TO E TO MITTON FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY	DEATH BUT POPERATIO AY YEAR 19 ARM.ETC)	NOT RELATED TO THE TERMINAL PROPERTY OF THE TE	NAL DISEASE OR COL	20b. IF YE IN CERTIII YE IN CERTIII YE OWN	S, WERE FINE FYING CAUS ES PART 1 OR PART 2 COUNTY	DINGS USED ES OF DEATH? NO
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DHMH - 16 50M-1/81 (VRA 15, 4)

DIVISION OF VITAL RECORDS.

DA 1407 Old Bastern Ave SEP 4

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Gulia Daydson Gandelle

- STATE

MENTERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) CITY LERICAL 71224 AKEWOOD BUDDENHAGEN BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I ORPART 2) COUNTY STATE 2 . and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated 27c DATE SIGNED PHYSICIAN DIRECTOR X PHYSICIAN Stella Maris Hospice 2300 Dulaney Valley Road-Towson, MD 21204 STATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE me haydoon fing all

26 HOUR 080

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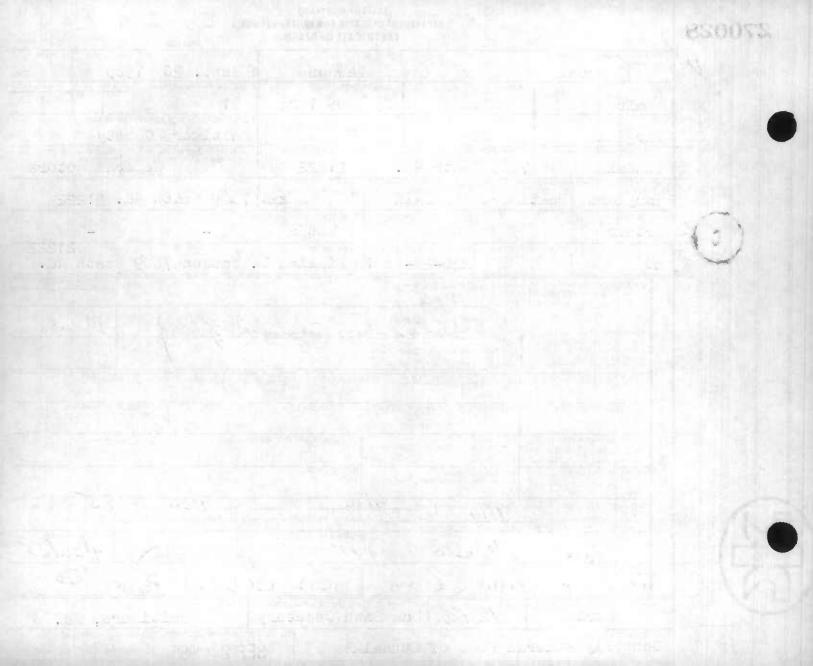
37.00000 4/1/25 ELECTRICAL LANGUAGE Fangle Cruc 12-5-1912 Man York G. S. A. X TONOSCH STELLA MARIE HOPNEE CLERICAL CITY NIS _ _ ONLTO _ X LAKEWOOD AVE Sund of He BE PARKYON Com BALTO WAS

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DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEI		ICATE OF DEATH	IENE 8 5	2	4 0	2 4
CAOL		EASED NAME FIRST OR PRINT)	WIDDLE		AST		MONTH DAY	YE AR	2b. HOUR
6405	5	LEWI		E. a. a.	LEEF	SEPTEMBER		85	9:45A M
S solo	1.5EX	Male	White	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS	UNDER 1 YEAR	HOURS MIN.
36		THPLACE (STATE OR FOREIGN) DUNTRY) Maryland	U.S.A.	NTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O			440
18	III CIT	4	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 918 Vanderw	NURSING HOME		120 USUAL OCCUPATI (TYPE OF WORK FOR MOSTO Retired Ma:	ON F WORKING LIFE)		DF BUSINESS OR
16	30 S1	Maryland Balti	TY 13c CITY O	R TOWN nsville	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 918 Vande	ZIP CODE	load	21228
100	14 FA1	THER'S NAME Orville	AIDDLE LA	Leef	15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	(unknown)
deal ages	160 W	AS DECEASED EVER IN U.S. ARA ES NO OR UNKNOWN) (IF YES GIVE NO	WAR OR DATES)	01-9135	Rowland F. B		59018 A		B.,Md.2021
hed by the ottending p please remove corbon uriol, cremotion, or rem , or other froumotic eve		Conditions, if ony, which gave rise to immediate cause (al, stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF	NOT BELATED TO THE TERM	witht	DITION CIVE	2 2	-yn
it permit. Then green sugnered prior to by hows only injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	+SLV2	<i>)</i> .	200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	
er this certificates the burial-trans and Mental Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE AT WORK	H 216 TIME OF INJURY HOUR A.M. MONT P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, (19	211. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI		COUNTY	STATE
AL DIRECTOR: Aft detached for use as ste Dept. of Health T. If Item 21 is mor		220. I certify that (I) (this hospite saw the deceased alive on obove. (I) (we) (did) (did not 22b. SIGNATURE	9/17	19. 85, a	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	medical STAI	F _		
should be de with the Stot		Maurice Feld	lman Jr. M.D			Country Bl	vd. Bal	timor	21215 e, Md.
		JRIAL, CREMATION, REMOVAL PECIFY) Burial	23b. DATE 9/19/85		emetery or crematory Le Park Cemete	23d LOCATION CITY OF TOWN TV Woodla		OUNTY	Mary land

Leroy. M. & Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE

1630 Edmondson Avenue, Catonsville, Md. 21228

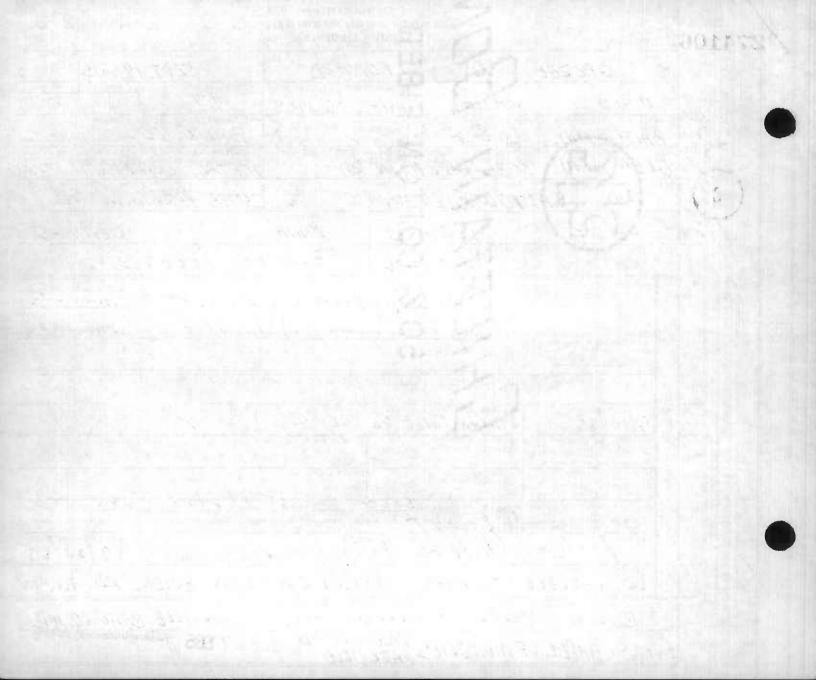
DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

274106	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND ME CERTIFICATE OF DEA		2 4 3 2 3
ay be nage 3 death		CEASED NAME FIRST GEORGE		LEONARD	SE	PT. 18, 1985 26 HOUR
age 4 mo	3. SE	MALE	WHITE	5. DATE OF BIRTH AUG. 05, 1	VEAR 908 77	MONTHS DATS HOURS MIN.
death. Po	Ta Bi	ALTO. MD.	U. S. A.	MARRIED NEVER MA	RCED BALLO.	CO. MC
and the solution of the soluti	6	LEN ARM	3035 PARK	RSING HOME OR OTHER INSTITUTION RD	UTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
n 24 hou	130 5	AL RESIDENCE (IF NURSING HOME OF TATE)	PLOOSE LET	77	ON 3035 PAI	ECTOWN P.B.
and within	1	HENRY	MIDDLE LEON		WINA MIDDLE	REMMAS
be execu		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIALS IVE WAR OR DATES) 213-07	-7/36 IT INFORMANT		ORDS
g physicinan pan page remayol.		PART 1. DEATH WAS CAUS	inly one cause per line for (a), (b ED BY ATE CAUSE (a)	depulma	an anest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death or the attendin premarian, ar ther traumatic		Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSE	arcumon	metastalic	month,
equires that n signed by Then please to burial, cr injury, ar oth	NO		(c)CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE OR COND	TION GIVEN IN PART 110
The law ration. The law ration. State has been set permit. Stene prior	CERTIFICATION	190 DATE OF OPERATION	metasta		YES NO	206 IF YES, WERE FINDINGS USED TIN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN T ng physici certificate prial-fransi tental Hygi	¥	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
ING PHY after this as the bi th and w	MEDIC	WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET FACTORY OF		CITY OR TOW	
ATTEND ospital of CTOR: Jeffer use of far use of the mall is m		saw the deceased alive a abave, (I) (pve) (did) (did)	ortal) attended the deceased from	9 and that in (my) (at	ur) apinion death accurred an the dat	te and haur and fram the causes stated
by the high by the high by the high by the high beautiful beautifu	Ė	22d. PHYSICIAN'S NAME (TYPE	ed MAL		ENDING MEDICAL STAFF	
O HOSP erained E TO FUNE with the		DR. DARRE	LL JAQUE	5 1001		CIDGE RD. TOWSON
P	23a E	URIAL CREMATION REMOVA	1 23b. DATE	23c NAME OF CEMETERY OR CRE	MATORY 23d LOCATION	

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CEKITIF	ICATE OF DEATH		REG. NO).		
	ECEASED NAME PLOE PRINTS	trice	Mae I.	inkins		AST	20 DATI	Septemb		1985	2b. HOUR
10		14 RA	_	THETHO	S. DATE C	NE RIDTU	A AGE	IN YEAR AST BIRT		IF UNDER 1 YEAR	M IF UNDER 24 HRS
N	Female		Caucasia	n	1	19 1923 YEAR	62	(MATCHA) - 11 DIN		MONTHS DAYS	HOURS MIN.
1	Chio		J.S.A.	HAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	Po	MORE CITY OF		OF DEATH	MD
	Randallstown	1	IF NOT IN SUCH F	SPITAL, NURSIN ACILITY, GIVE STREET COUNTY	ADDRESS)	Hospital	TYPE OF	AL OCCUPATION WORK FOR MOST OF			OF BUSINESS OR
13a	JAL RESIDENCE (IF NURSI STATE Maryland	NG HOME OR OTHER 136 COUNTY Baltimon	10	VE RESIDENCE BEFORE	N	130. INSIDE CITY LIMITS	? 13e.SIRE	ADDRESS /	ZIP CODE		21207
634	Latel Dutch S	hultz		LAST		Grace M. (iper		£.A	NS1
160	WAS DECEASED EVER	N U.S. ARMED		577-24-		17 INMRWAPeter 3514 Rhom		ADDRE	ss altimo	re	21207 Maryland
NO	Conditions, if ony, gove rise to imm couse [0], storing underlying couse PART 2 OTHER SIGN	ediote the lost	OUE TO, OR A	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TE			DITION GIV	EN IN PART 1	(0)
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	IN CERTIF	S, WERE FIND YING CAUSE S	
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH AL EXAMINER) ED (this hospital) of olive on	P.M. PLACE OF STREET	MONTH DA	19 ARM, ETC)	211 LOCATION STREET 5 - , 19 & and that in (my) (our) opini	5_, to_	CITY OR TO	VN 19_,	COUNTY	state, that (I) (we) last
	above, (I) (we) (d 27b. SIGNATURE 27d. PHYSICIAN'S NA	(TYPE OR PRIN	Purc	ter deoth.		ATTENDING PHYSICIAN 22e. ADDRESS	G MEDIC		F IAN		ESIGNED - 19-85
	BURIAL, CREMATION, I	REMOVAL 231	DATE 9/23/85	236 1		emetery or cremator	RY 23d L	NOTION OF THE POOL		altimore	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

Woodlawn 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Letry Iyota hasaya Directors, Inc. SEES Trade and A new Mary Mary Sand 201638

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MIDDLE Montoya ADDRESS Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN Theodore Patterson, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN COUNTY 10/2/1985 Mt. Carmel Ysleta El Paso Texas Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE he Devidson-Handelle Dundalk, Maryland 21222 7922 Wise Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MONTH

County

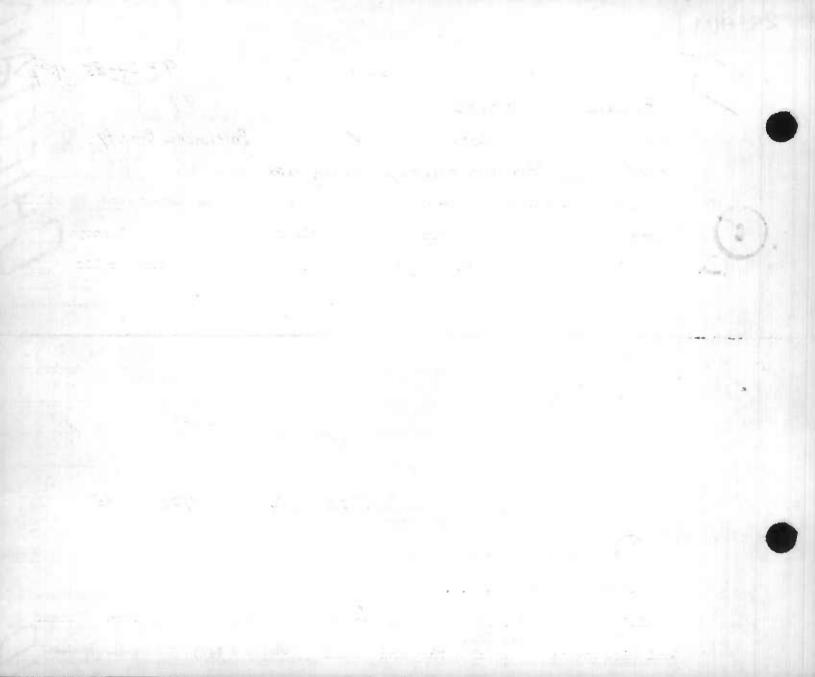
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DHMH - 16 50M 4/B3 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REG. N	0.				6340	-
. 7.5	OF DE	F 4 T1 1	Mar. 18. 1	60.00	115.0			- 1

1		REGISTRAR		CERTIF	CATE OF D	EATH	REG.	NO.		-/	65-49	9
		CEASED NAME FIRST OR PRINT! MAR JOA	LIE B.	LONG	AST ST		20 DATE OF DEATH	нтиом		,,,,,,,	HOUR 120	A
	3. SEX	T	4 RACE //HITE	5. DATE C	FBIRTH	YEAR	6 AGE (IN YEARS LAST	BIRTHDAYI	IF UNDER I	YEAR IF	UNDER 24	HRS MIN.
7		RTHPLACE (STATE OR FOREIGN ENDING STATE OR FOREIGN ENDING STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER A	ARRIED O	9 BALTIMORE CITY BALTI	OR COUN			NTY	MD.
8	B	ALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ST. TOSEPH	ADDRESS)	PITAL	ITUTION		ATION TOF WORKING	12b. KI	IND OF B		
5	13a S		TIMORE MONTH		13d. INSIDE C	NO B	13e STREET ADDRESS	1 0	13	GEI	ed-	2109-
2	14 FA	CHARLES	A. BYE, S	R.		MAIDEN NAM	MIDDLE		5	SILV	ERS	3
1	16a V	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECTION (18 WAR OF DATES) 163-12	JRITY NO.	MARJO	RIE L.		TIMO	NIUM	MI	21	.093
	Z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DBT. TE CAUSE (0) A DULT DUE TO, OR AS A CONSEQUE (b) 6 ANGER DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF		101D (SHADA		ART Tro		
9	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CER	YES, WERE F TIFYING CA YES []	USES O		1?
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE ALWORK ALWORK ALWORK		19	216. HOW IN		ED (ENTER NATURE OF IN		8 PART I OR PA	Σ.,	STA	A7E
		22e I certify that V (this hospii saw the deceased alive an obove, (N(we) (did) (of) for 22b SIGNATURE	or view the bady offer death. 1-24 19 S V. Jazzag PRINTI P. LAYU.		DEGREE	TTENDING PHYSICIAN [medical physical Jose Physical Actions in the physical ph	dote and h	1 120 1 9 1 THL		GNED 5-8	
		urial, cremation, removal URIAL		NAME OF C	EMETERY OR C		23d LOCATION CITY OR TOWN	TIMO	LOUNTA		STA	ME

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD.

250. DATE REC D BY REGISTRAR TO SEGISTRAR & SIGNATURE SEP 25 85 June Davidson

and Mental Hygiene

RECORDS

DIVISION OF VITAL

STATE OF MARYLAND

ı	1 - STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. NO.	de en	3 6	21
	1. DECEASED NAME FIRST (TYPE OR PRINT) Anne		L:	1	Anch.	2a. DATE OF DEATH MONTH	25 F	26 HOL	JR M
ı	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE		-
	FEMALE	WHITE			1-29-1897	87	RS.	+S HOURS	MIN.
1	To BIRTHPLACE (STATE OR FOREIGN	CE (STATE OR FOREIGN /b CITIZEN OF WHAT COUNTRY?		8 140	D NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH	11	
1	BALTIMORE	U.5	6.A.	WIDOWE	\/	BALTIMORE	COUNTY	,	MD.
7	10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIN	Cust	OTO
ŀ	TOWSON	ST JOS	EPH HOS	PITA	L	Secretary	Br	okera	ige
1	USUAL RESIDENCE IN NURSING HOME OF		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS PIP	Dulaney	Valle	ey Rd
		LTO.	TOWSON		YES NO NO	ST ELIZABETI	H HALL		C - 104
7	14. FATHER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA				2120
4		Phillip	Lvnc	h	Mary	MIDDLE	Gariet	LAST V	
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS			
	(YES NO OR UNKNOWN) (IF YES G	EIVE WAR OR DATES)	212-20-	0253	James E. I	Lynch, 8018 C	aradock	Dr.	2123
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, O	60	val.		it ir free	APP	ROXIMATE INTE EN ONSET AND	RVAL
4		(c)							

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEDMINAL DISEASE OR CONDITION GIVEN IN PART 1.6 150512 CERTIFICATION 19a DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING HOUR AM MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH

THE PLACE OF INJURY

AT MOME STREET, FACTOR

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

19

HARM BILLY

TH LOCATION

CITY OR TOWN

NOF

COUNTY STATE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

22a.1 certify that (1) (this haspital) attended the decease saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after de 22b. SIGNATURE

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

DEGREE 22e ADDRESS

2300

ATTENDING MEDICAL DIRECTOR PHYS PHYSICIAN

115555E

200 AUTOPSY?

and that in (my) (aur) apinion death accurred an the date and have and from the causes stated

22c. DATE SIGNED

should be detached for use as with the State Dept. of Health MPORTANT 23a BURIAL, CREMATION, REMOVAL

MEDICAL

236 DATE

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem. 23d LOCATION Timonium

Balto.

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

Burial 9/27/85 24 FUNERAL DIRECTOR

Lawson, 10 W. Padonia Rd. 21093

ALTHORE DESCRIPTION X A. C.U. SERVITIAN

TURSON ENGREPH HOSPITAL COCCUCES SOCIAL ENGRAPHIA COCCUCE SOCIAL ENGRAP MO TONSON

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· Learney Electric to the control of the control of

TO STORE DELICATION OF THE STATE OF THE STAT

8083	1.	FOR Item/f 2a G (STATE REGISTRAR	508 10/3/85 SEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 5	2 4	1 3 2 8
-		CEASED NAME FIRST	MIDDLE	LA	51	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
1		WILLIAM	Т.	MAC			9 19	85 4:04
1 6.1	3.5E		4. RACE	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR IF UNDER 24 HI
- D		Male	Cau.	11	26 13	71	YRS.	
4 500	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.A.	MARRIED		Balto OUN	ľY	DEATH
00		TOWSON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Greater Baltim	ET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Beth Ste	F WORKING LIFE)	IZB. KIND OF BUSINESS (NDUSTRY etired
	地	TATE	INTY STITUTION, GIVE RESIDENCE BEFORE TO BAlt	NWN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	ZIP CODE	Ave. 212
1 10	TA FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		2/11/2
1.13	3	Thomas	L. Mack	in	Susie	MIDDLE		Dickman
P 10	lán, V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS	THE PART OF THE PA
2 14		no	215-05	-9509	Betty J. M	Mackin 474	3 Home	sdale Ave
dees that the death of the prediction of the content of the conten		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO	pread m	etastatic ca		DITION GIVEN	IN PART Ita
hos been in parmet The premit The	FIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY? YES ₩ NO	206. IF YES, WIN CERTIFYIN	ERE FINDINGS USED G CAUSES OF DEATH? NO T
L shines	AL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
ortending ortending or the co tond Me keed or it	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		211. LOCATION STREET	CITY OR TO	WN	COUNTY STATE
OR ATTENDER The hospital or DIRECTOR At author for units Diet of Healt If here 21 is mo		saw the deceased alive o	pital) ottended the deceased from 9/19/85 19 (at) view the body after death.	, onc	5 , 19 d that in (my) (our) apinion EGREE ATTENDING	MEDICAL STAF	ite and haur an	, that (I) (we) d fram the causes stated 22c. DATE SIGNED
D HOSPITAL TO FUNERAL Sould be det in the State		Robert A. Pal			PHYSICIAN [Charles Str	TEMAN	9/20/85 lt.Md. 2120
RP		BURIAL, CREMATION, REMOVA			METERY OR CREMATORY RVen Cem.	23d LOCATION CITY OF TOWN 61en Bur TE REC'D BY REGISTRAR P 2 3 1025		A M
Dr								

dunial Love of the state

NILS-25-85 D. Dately J. Marking S.M. Achestal Co.

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come C. Miller inc. Said- pelate Mi.

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1 2	in by the funeral directo be filed within 72 hours of the helithet of once	10. C
20 13	33 70	
D 21	1	14/ F. Ra
LAN	1	Ma
ARY with	(All	Pa
E. A		160
MOR	Pog	No
ALTI	pers.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120). O HOSSITAL OR ATTENDING PHYSICIAN. The faw requires that the death certificate be executed within 24 hours offer death. Page 4 may 30 the heapten or attending physician.	TO FUNERAL DIRECTOR, After the certificate his been under a presenting physicion and controlled in the shall be expressed to the size of the state o	MEDICAL CERTIFICATION

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	REGISTRAR				CERTI	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST	1	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	ORPRINE	BETT	TY	J.	M	acRITCHIE	Septem	ber 6	, 1985	7 A.M.N
3. SE	X		4 RACE	N. H. L. L.	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	
Fe	emale	5 - 23	White		July	y 14, 1924	61	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	R		9 BALTIMORE CITY		Y OF DEATH	
	COUNTRY)	200	U.S.A		WIDOWE	NEVER MARRIED DIVORCED	Baltimor	e Con	ntr	WE
10. C	ITY OR TOWN OF DE	ATH	11, NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND	OF BUSINESS OR
	Towson			HEACILITY, GIVE STREET.			Adm. Secre			mick Co.
USU	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					MILCR CO.
	ryland	Balti		Timonium		YES NO X	13e STREET ADDRESS 60 Ci			21093
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	ider .		
Ra	ymond		A .	Seabloo	nm	Ann	WIDDLE			AST
léa V	WAS DECEASED EVER	SED EVER IN U.S. ARMED FORCE		16b SOCIAL SECU		17 INFORMANT	ADDR	ESS	VanDu	isen
No	YES, NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	293-16-358		Arthur L. Ma	acPitchie -	Samo	20 #12	
	Conditions, if any gove rise to im cause (a), state underlying caus	WAS CAUSEI IMMEDIAT Which imediate ing the e lost	D BY: E CAUSE (0) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISFASE OR CON	IDITION G	3	MONSEI AND DEATH
CERTIFICATION	190 DATE OF OPERA					on was performed whom debulking	• 200 AUTOPSY?	20b. IF YE	ES, WERE FIND IFYING CAUSE (ES	DINGS USED
MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	Р.	M. MONTH DA M.	AY YEAR	21¢ HOW INJURY OCCUR	ROD (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
WED	WHILE NOT WALL WORK	HILE	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WH	COUNTY	STATE
	220.1 certify that a saw the decea abave (Daw)	sed alive on	2/	23 . 19	85,0	nd that in (my) (our) opinion	death accurred on the d	ate and ha	., 19 <u>85</u> out and from the	, that ① (we) last e causes stated
	22b. SIGNATURE	Hice	NY	Post 1	BU	A CONTRACTOR OF THE PARTY OF TH	MEDICAL STA		Total Security	6 / 8 5
Alicia A. Cool-Foley, M.D.					Union Memori	al Hospital	L			
22- 6	DUDIAL COEN ATION	DEMONAL	TON DATE	22. 6	LAAAT OF C	TEMETERY OR CREAMATORY	1224 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

9-7-85

Ruck Towson Funeral Home, Inc. 1050 York Road

CITY OR TOWN Balto.

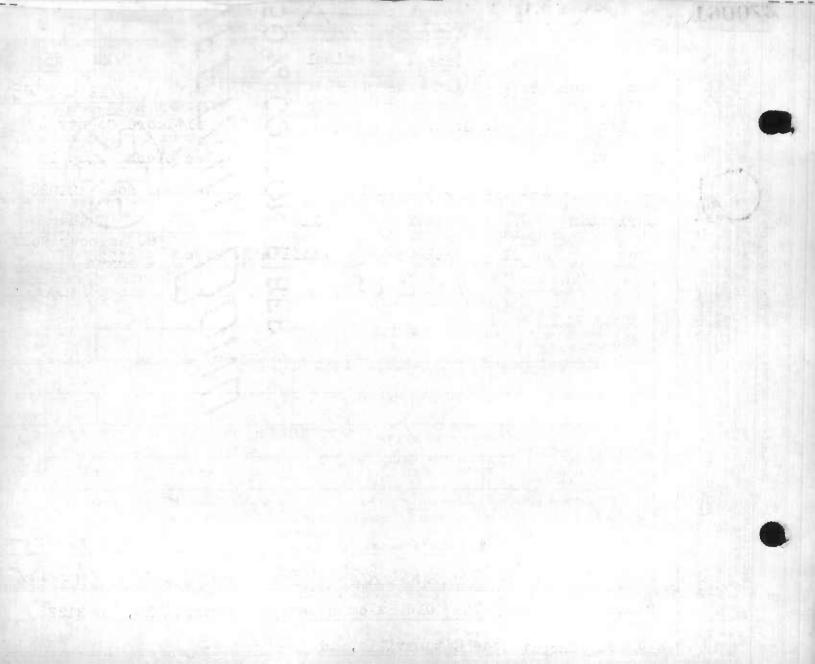
STATE COUNTY Md.

Cremation 24 FUNERAL DIRECTOR

Westview Towson, Md. 21204 25a DATE REC

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

70061		FOR 16	171702	D. W.			MENT OF	HEALTH		ENTAL HY	24.5	rii)	2	4 5	30	
المعاري ورزويا	T. DE	CEASED NAME OR PRINT)		lber		Geor			isel			OF EST	TI- 🗀	MONTH D	85	ib. HOUR
DO NELESARY, PLACE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. DO, WITHIN 72 HOURS I W. PRESTON STREET	3. SEX	ale	4. RACE Cauc	5. E	DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD 76 Y	ARS IF UN	DER I YR.	IF UNDER 2		C DATE RONOUNCED DEAD		- /	17	10 10 A
WITHIN TO SEESTO	FC	RTHPLACE (S REIGN COUNTRY) aryla:		7b.	CITIZEN OF WE	IAT COUN	ITRY?	0		VER MARRIE DIVORCE		Baltimore Balti	_		F DEATH	AAT.
S E FLED	ID. C	atons	OF DEATH VILLE		NAME OF HOS (IF NOT IN SUCH FAI	HOME	TREET ADORESS)		ER INSTITU	TION	12a. USUA FOR MC	AL OCCUPATION OF WORKING L	on (Type of	FWORK 12b.	KIND OF BUSII OR INDUSTRY etail	NESS
STORE STORE	13a. S	L RESIDENCE TATE MD	13b	HOME OR OTH COUNTY alti	more	13c CITY	OR TOWN.		13d INSIDE (I	NO N	13508	TADDRESS Valco	ur F	Road	21228	3
30		Chris	tian			Mais	èl		Ell	R'S MAIDEN		K.			ther	
ASION	16a. V	VAS DECEASE ES, NO, OR UNKNO Yes	D EVER IN U	S. ARMED S. GIVE WAR	FORCES? OR DATES)	100	-03-2		Wil:		R.	Boyer		Valc 21228	our Ro	oad
RANSIT PERMIT ITAL HYGIENE, DI R REMOVAL.		PARTID	EATH WAS C	AUSED BY		1-8	CI	1 D		77				1	APPROXIMATE IN BETWEEN ONSET AN	ITERVAL ND DEATH
ED AS A BURIAL - TRANSIT PEF HEALTH AND MENTAL HYGIEI IL, CREMATION, OR REMOVA		couse (o lying co		under-	(c)				DR CONDITION	N GIVEN IN PART	110		•			
OF HEALTH	CERTIFICATION	19a. DATE OI	OPERATIO	N	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				21	D AUTOPSY?	NO 🗆
DEPARTMENT OF HIS	CAL CERT	210 EXTERNA UNDERLYING CONTRIBUTI	OR				DAY YEAR	21c. HC)W INJURY	OCCURRED	(ENTER NA	TURE OF INJURY IN	ITEM 18 PAR	T 1 OR PART 2)		
TATE DEPA	MEDICAL	WHILE AT WORK		LE 🖸	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, E			TREET	145		CITY OR TOWN		COUNTY		STATE
WITH THE S ARYLAND,		22a. I cert death result ACTUAL SIGNATURE	/	Natural co	the remains desc	Accident		Autops icide	Homic D. Homic	Inspection ide	,	Inquiry I mined monner		DATE SIGNED	3/22/8	5
TO FUNERAL OF TO FUNERAL OF AFTER DEATH, BALTIMORE, M		EXAMINER'S (TYPE OR PRI	NT)	E. P	-Will	in	inso.		ADDRESS		BA	17.1	VAG	14	2/212	26
₩ 4 4	(:	JRIAL, CREMA Buria JNERAL DIREC	1		-25-85		ld Sa			tery	Ca	tonsvi		, MD	21228	E
17 E (5))	in.	NAME		eral	Home ADDRESS	Cato	nsvil	le.	Md	SEP 2	25 1	PREGISTRAR 25	is Jan	RAR'S SIGN	andell	



filled in by the funeral direct

comple

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

	REGISTRAR		CERTIF	TCATE OF DEATH	REG. NO	0.	1
	T. DECEASED NAME FRST (TYPE OR PRINT) SR. M. J/	ane France	ĖS /	MANGAN		9/8/85 91	3 4
		4. RACE		DF BIRTH 7 YEAR 11,1896	6. AGE (IN YEARS LAST BIR	THOAY) FUNDER I YEAR IF UNDER 20	MPA.
1	Female	White	_	. 11,1896	88	YRS.	
1	7a. BIRTHPLACE (STATE OR FOREIGN) COUNTRY YORK	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE	D NEVER MARRIED DED X DIVORCED	1 11	DECOUNTY OF DEATH	MD.
	Towson, md.	11. NAME OF HOSPITAL, NURSII LIE MOT IN SUCH FACILITY, GIVE STREE TELLA Maple		DROTHER INSTITUTION	(Type of work for most of Teacher	12b. KIND OF BUSINES INDUSTRY	SOR
y	USUAL RESIDENCE IF NURSING HOME OR C 13a. STATE 13b. COUN' Maryland Balt		WN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS A	zip code aney Valley Rd. 21	1204
U	John J. McNall	MIDDLE LAST		15. MOTHER'S MAIDEN NAM Helen T	. Breen	£AST-	
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (# YES, GIVE	F WAR OR DATES)		Sr. Maureen C	ADDRE O'Brien	Same	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	SCFCI JENCE OF	Rotic Cardio			ÊATH
	PART 2. OTHER SIGNIFICANT CO	CONDITIONS CONTRIBUTING TO			200 AUTOPSY?	706. IF YES, WERE FINDINGS USED	
1	The accuse in twas in inequiving.			11. HOW IN HIPV OCCUPE	YES NO	YES NO	
	B BB B TI ACCIDENT WAS INDEDIVING 1	1 TILL TIANE (DE INTITUDY				DU MA ATENA 10 DADT 1 OD DADT 3)	

OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH

P.M

71e. PLACE OF INJURY

DAY YEAR 19 AT HOME STREET, FACTORY, OFFICE, FARM, ETC |

211. LOCATION

CITY OR TOWN

COUNTY

STATE

22a.1 certify that (I) (this hospital) attended the deceased from

MEDICAL

236. DATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

22e. ADDRESS

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

18 sh and Mental Hyg

morked or her

should be detoched for use os with the Stote Dept. of Health

FUNERAL DIRECTOR

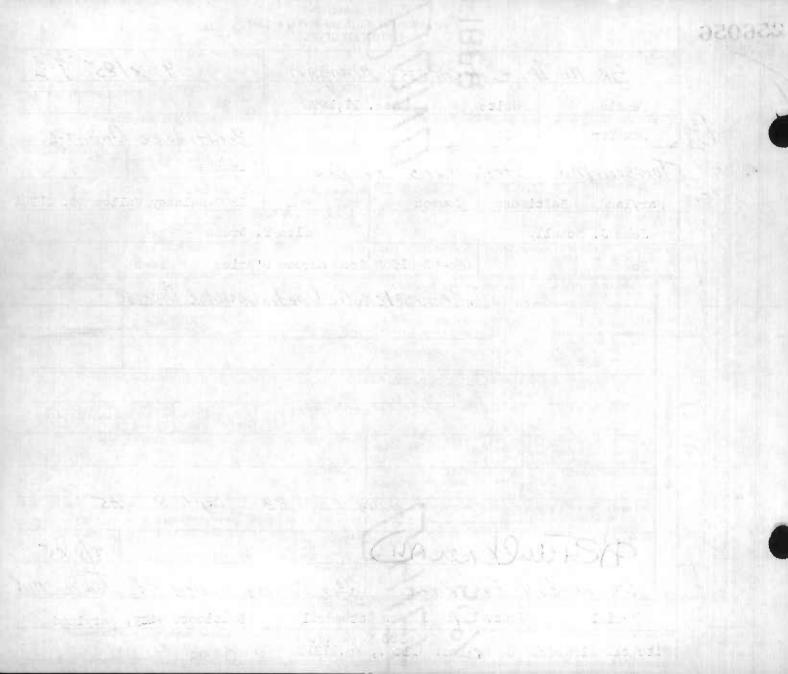
Burial

Sept. 11,1985 New Cathedral

23c. NAME OF CEMETERY OR CREMATORY

Baltimore City, Maryland

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE



FOR STATE

249098

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & __ 5

2	4	5	3	2

	5.7	REGISTRAR			LKITTICAL	L OI DEATH		REG. NO).	94	
ă		CEASED NAME FIRST	MIC	DLE	LAST	26 (26)	20 DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
1		ROBER		w.	MANN			tember		1985	94
	3 SE)	(4 RACE	5.	DATE OF BIRT	H DAY YEAR	6. AGE	IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.
		Male	White	1	Aug. 2		- 12	80	YRS.		
p		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	AABOIED [] I	NEVER MARRIED	9. BALTI	MORE CITY O	COUNTY	OF DEATH	
2		MD	US	A w	IDOWED [DIVORCED	_ B	altimor	e Co	ounty	MD
1	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING H		ER INSTITUTION		VAL OCCUPATION			F BUSINESS OR
1	die	Towson	Multi-N	Medical N	Jursing	g Home	M	achinis	t		ndix
5	13a S	AL RESIDENCE (IF NURSING HOME OF		VERESIDENCE BEFORE ADA BECITY OR TOWN		ISIDE CITY LIMITS		ET ADDRESS /			, 21218
Δ,	14 FA	THER'S NAME		VEREZ V 1		OTHER'S MAIDEN			J. 104, 6		,
Z		William	WIDDIE	lann LAST		(?) ^{FIRST}		MIDDLE	K	nauff "	T
4		VAS DECEASED EVER IN U.S. AF	MED FORCES?	66 SOCIAL SECURITY	MO. 17 IN	FORMANT 590	9 Wak	cehurst	59Way		BOSTON
1	0	No		05 12 40	09 M	rs. Wal	ter E	. Keen	е	2	1239
		18 CAUSE OF DEATH Enter or	nly one couse per li	ne for (a), (b), and (c			1				MATE INTERVAL
ij	10	PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	Histi	ocut	ic Li	lank	Loule		23	years
9			DUE TO OR	AS A CONSEQUENC	EOF		, 1				(
8		Conditions, if ony, which	(b)								
	00	gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUENC	FOF						
3		underlying cause last	(c)			L. Proc					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEA	TH BUT NOT R	ELATED TO THE T	ERMINAL DIS	EASE OR CON	OITION GIV	EN IN PART 1	a
	CATION					A Later Asset					
2		19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH OP	ERATION WAS	PERFORMED		UTOPSY?	IN CERTIF	WERE FINDING CAUSES	OF DEATH?
	CERTIF	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	IN II IPY	1216	OW INJURY OCC	YES [YE YE		NO [
7	0 11	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.		YEAR	1011 1113011 001	CORNED (ENIE	K NATURE OF INJUR	TIN TIEM TO	ART (OR PART 2)	
	8	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	INI II IDV	19	OCATION					
	MEDI			T. FACTORY OFFICE, FARM		STREET		CITY OR TO	VN	COUNTY	STATE
		AT WORK			Jan	9	23	Sent	2_	10 85	
		saw the deceased almost	ital) offended the	deceased fram	1	in (my) (aur) opin	ion death acc		te and hav		that (we) lost
		saw the deceased alvest abave (1) (Ne) (did (did no 27b SIGNATURE	view the body at	ter death	DEGRE					22c. DATE	
	115	Charle	2 ×	2001	14.5	ATTENDIN				01	Cc
,	200	22d. PHYSICIAN'S NAME LIVE	OR PRINT	acres	1226	PHYSICIAI	N DIRECT	OR PHYSIC	IAN	17-	202
		Dr. Charles F		MD		ood San	nanitar	Hosp	ital	Batto.	. MD
		URIAL, CREMATION, REMOVAL				RY OR CREMATO		OCATION	.car,	Date.	
	(Cremation	9/2/85	Gr	reen N	Nount		Balto.	,	COUNTY	ND STATE
	24 FL	INERAL DIRECTOR Henr		nkins & S	Sons C	O . 25a.	DATE REC'D.	BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
7	1	905 York Roa					SEP 4	1005	Julia &	Tavidson 7	Bod pr

DHMH - 16 60M 7/B4

(VRA 15, 4)

Note 11 3

Heary, W. Candas & Son Co. for the property of the state o

William None (Court New Market Way,

Ur. Grants: Putpett, Mile Color derentants its, Catto., M

Too 12 Wood New. Walter E. Kunne

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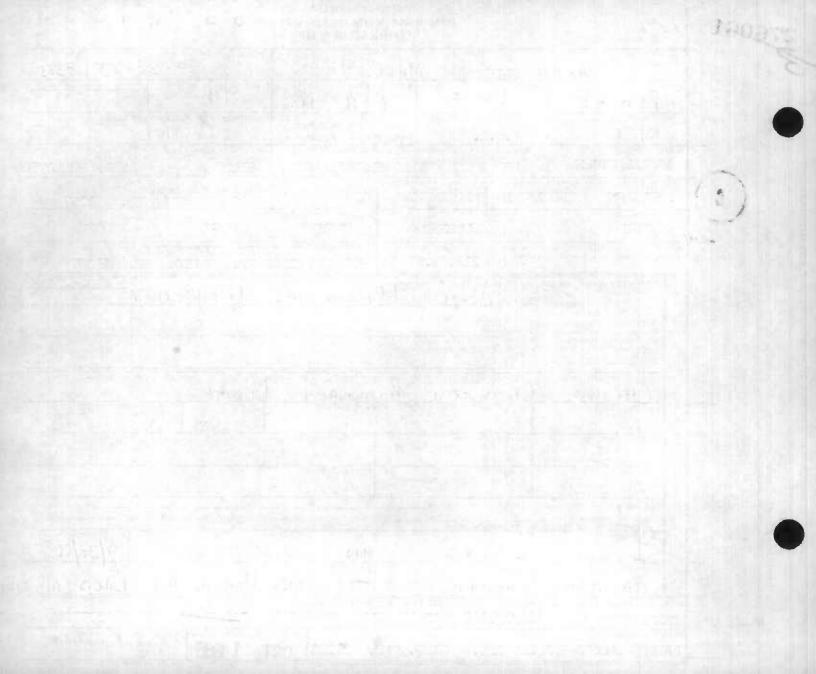
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Toyon valid signal and sometimes with the

Balto. The x and 20.0 N. Charles St., E1236

76061	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
7	I. DE	CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
noy be poge 3	(TYPE	ORPRINT) SARA	# ELIZABETH	MARK	LEY.	/ -	30-85 0505 M				
ctor. po	3. SE	FEMALE	4 RACE WHITE	S. DATE C	DE BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
oth. Pog	100	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	7b. CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH				
ofter de		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR BALTIMORE O	SING HOME (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR				
24 hours		AL RESIDENCE (IF NURSING HOME OF		ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE				
d within		THER'S NAME	MIDDLE HUBBAR	D	15. MOTHER'S MAIDEN NAM		MOORE				
n and composes		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE 213.05			STINE GOTTSCHAI D RD., BALTO.,					
physicion popers. movol.			nly one couse per line for (o), (b), ED BY: TE CAUSE (o) AWTE	and ice.	YOCARDIAL	INFARCTI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
es that the death certificate be executed within 24 hours ned by the ottending physician and campling reserve please remove corban papers. Pages, and Applied Ep. Vious, cremotion, or removal.		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC								
quires the signed the plectorial injury, or	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERMI	MAL DISEASE OR CONDITION O	GIVEN IN PART 110				
no. no. hos been permit. no prior no prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI		. 101	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc				
2 PHYSICIAN: The uttending physicic per this centificate the buriel-tronsit and Mental Hygis ked or from 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM)	18 PART I OR PART 2)				
ING PHYSI r attending offer this ce as the bur th and Mee	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
TENDI Ital on OR: A or use f Heal		sow the deceased alive or	n19		, 19 nd that in (my) (our) opinion o	, to teeth occurred on the date and h	. 19, that (I) (we) lost nour and from the causes stated				
AL OR AT y the hosp tal DIRECT detoched for ote Dept. o		22b. SIGNATURE	Saleham		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED 9/85				
O HOSPITAL OR 7 etcined by the hospital or 10 EUNERAL DIRECTOR Should be detected with the State Dept.		TAS NEEM	CAICHAM		7220 PARK	e Height Avi	= BALTO MD 2				
BP	23a	burial, Cremation, removal (SPECIFY) REMATION			EMETERY OR CREMATORY OUNT CREMATORY	23d LOCATION CITY OF TOWN BALTIMORE	COUNTY MARYLAND				
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director ALTER BROOKS BR	ADLEY INC., BAL	ло., м		T 1 1985	ISTRAY'S SIGNATURE				

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	2	4	5	3	
	REG NO					

-		REGISTRAK							R	EG. NO.			
		EASED NAME	FIRST		MIDDLE	ı	AST	- N. W E.	20 DATE OF DE	ATH MO	NTH D	DAY YEAR	26 HOUR
1	{ I A PE (OR PRINT)	Edgar	Leroy	MARTIN				Septembe	er 4,	198	5	5:00 a _M
1	3 SEX		4	RACE		5. DATE C			6 AGE (IN YEARS	LAST BIRTHDA		IF UNDER 1 YEA	
		ale		White	e	3	DAY 2	1905	8		YRS	AUNTHS DAYS	HOURS MIN,
		RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTR	RY? 8	NEVER	MARRIED -	9 BALTIMORE	_			
H		ryland		U.S.A	Α.	WIDOWE		IVORCED	Baltin	nore	Coun	ty	MD.
1		TY OR TOWN OF DE	ATH 1	(IF NOT IN SUC	HOSPITAL, NUR	REET ADDRESS]		NOITUTIT	12a USUAL OCC (TYPE OF WORK FOR Self E	MOST OF WO	ORKING LIFE	INDUSTR'	
è	_	AL RESIDENCE (IF NUR	ISING HOME OR C		klin Squ		Spical		Sell E	пртоу	eu c	yncrac	COL
í	13a S	TATE	136 COUN	TY	13c. CITY OR TO	OWN	136 INSIDE		13e STREET ADD				01000
		ryland	Balt	imore	Dunda	AIK	YES 🗍	S MAIDEN NA	5 Seab	right	. Ave	enue	21222
9	1	THER'S NAME FIRST narles	N	NDDLE	Martin	n		FIRST fie		DDLE		Wil	helm
ï		AS DECEASED EVER			166 SOCIAL SE	ECURITY NO.	17 INFORM	ANT		ADDRESS	6 C]	ipsto	ne Court
	No	ES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	213-16	6-0622	Char	les E.					D. 21236
		18 CAUSE OF DEAT	TH Enter only	y one couse per	line for (a), (b),	ond ic . C	ongest.	ive Hear	rt Failu	re;		APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
4	-0	PARTI. DEATT			Interio c				ular Disc				
				DUE TO, O	R AS A CONSE	OUENCE OF				Lusc			
		Conditions, if any		,			Atri	Fibr	illation y Disease				
		gave rise to im couse (a), state		1	R AS A CONSE		CIVE I		atus Pos		20100		
	-	underlying cous	e last.		Cerebro		r Acci	dent.+o	my Digh	t Arm	1		
1		PART 2 OTHER SIG	NIFICANT C							CONDIT	ION GIVI	EN IN PART	lia
	NO N	Lof	+ Vant	ricular	Aneury	/cm							
1	F	190 DATE OF OPERA	YION	19LCOND	ITION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY				OINGS USED
	I I			1/			. 6.4		YES NO		YES		NO [
1	CERTIFICATION	210. ACCIDENT WAS UN	1145	TIME C	F INJURY	DAY YEAR	21c HOW II	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN	ITEM 18 PA	ART T OR PART 2)	
	AL	OR CONTRIBUTING		1	M.	19							
	MEDICAL	216 INJURY OCCUP	RED /	21e. PLACE			211 LOCAT		611	TY OR TOWN		COUNTY	STATE
	×	WHILE NOT W	THILE OR	(AT HOME, STI	REET, FACTORY, OFFI	CE, FARM, ETC)	ZIKEE			1 OK TOWN		COUNTY	STATE
		220.1 certify that X	(this Hospiti	attended th	e deceased fro	- Augus	t 26	1985					. that (IX(we) last
		saw the decea obave, X1) (we)	sed alive no	Septemb	After death.	985 01	nd that in (X) (aur) apınian	death accurred ar	the date	and hour	and Iram th	ie couses stated
		27h SHONAFORE	1/1//	hul			DEGREE					22c. DAT	IE SIGNED
		au	vy	11				PHYSICIAN [MEDICAL DIRECTOR F	STAFF	VE	9-	4-85
		THE PHYSICIANS N	IAME INTO	prosts /			22e ADDRE		in Cause	a Dir	2.1	1227	
		1 ayon	10/KG	B MI)			9000	rranki	in Squar	e ur.	, 41	123/	
	23a B	URIAL CRIMATION	REMOVAL	ZIE DATE	2	NAME OF C	EMETERY OR	Mëthi8ai	St 236 LOCATIO			COUNTY	STATE
	Bu	irial		9/6/1	985	Church	Cemete	ry	Hamste	_			Maryland

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is should be detached with the State Dept

(VRA 15, 4) 7922 Wise Avenue

24 FUNERAL DIRECTOR Duda-Ruck, Inc. Dundalk, Maryland 21222

Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE munación Mandese

2700	029
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STATE OF MARYLAND

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-	-	-

1-	STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. N	0		0 7
	CEASED NAME FIRST		MIDDLE	i i	AST	20. DATE OF DEATH		Y YEAR	2b HOUR
	Rich			Mar		September			12:09p
3 SEX		4. RACE		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		NIHS DAYS	IF UNDER 24 HRS
	Male	White		Dec.	3 1930 YEAR	54	YRS		
	RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF	WHAT COUNTRY?		D WEVER MARRIED	9 BALTIMORE CITY C			
10 (1)	TY OR TOWN OF DEATH	- "		WIDOWE	DR OTHER INSTITUTION	Baltimore	e Count		MD
IU CI	Rossville		the squar			TYPE OF WORK FOR MOST C Steam Fi	F WORKING LIFE	INDUSTRY	OF BUSINESS OR
130 S	TATE Md.		136 CITY OR TOWN	Y	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	zip code ve 21	220	
4 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAMERING	WE		LA	ST
	Richard		Martin S	r	Alva	ADDRI		Smit	h
	AS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) (1F YES.	GIVE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT				
			212-26-4	566	Marie Martin	15 Fir Dri	ve 212		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	ISED BY	Metastat		ancer			APPROX BETWEEN	ONSET AND DEATH
			R AS A CONSEQUE	ALC: E					
	Conditions, if ony, which	(d)							
	gove rise to immediate couse 101, stating the	DUE TO, C	R AS A CONSEQUE	NCE OF				1 1 2 3 7	
	underlying couse lost.	(()_		1110					
Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	10
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO			NGS USED S OF DEATH?
EDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DE INJURY .M. MONTH DA .M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	(T I ORPARI 2)	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220 1	ا ما ما ما ما ما ما	a decreased for C		1 00 1005	Cantamb	22 1/	0.0	1 . 6 . 11 .

19 85 sow the deceased alive on Soptemb

10 September 23. 19 85 thoras (we) lost (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 771 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 77e ADDRESS

Zeshonsky, M.D.

9000 Franklin Square Drive, 21237

23e. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY 9/26/85 Morelands Cemetery

Burial
24 FUNERAL DIRECTOR

Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FUNERAL DIRECTOR: After should be detoched for use os with the Stote Dept. of Health

MPORTANT: If Hem 21 is

(SPECIFY)

the buriol-fronsit permit ond Mentol Hygiene prid morked or Item 18 sha

STATE

Balto.

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1/10 (345) and but a mile of the nowed an animal department

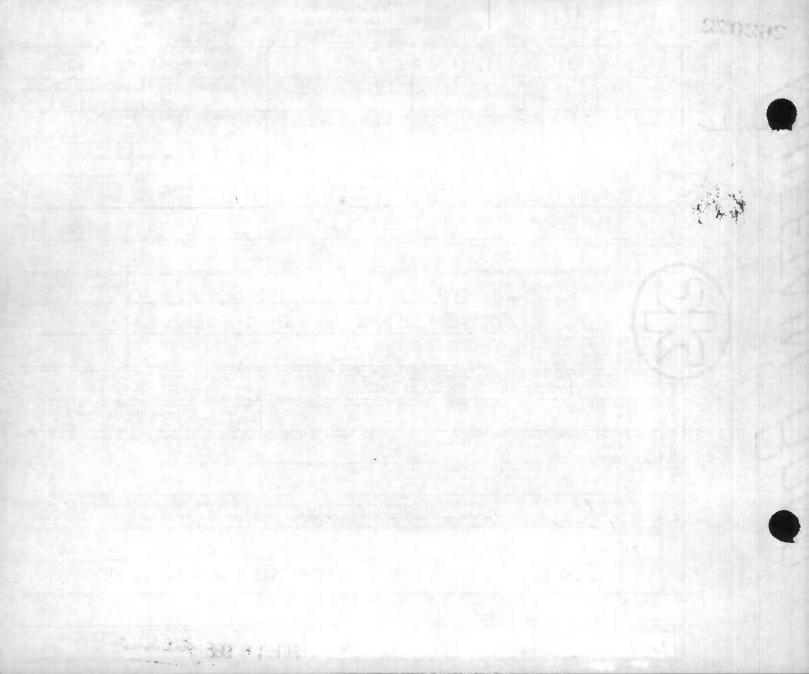
William C. March F/H 4300 Wabash Avenue

STATE OF MARYLAND

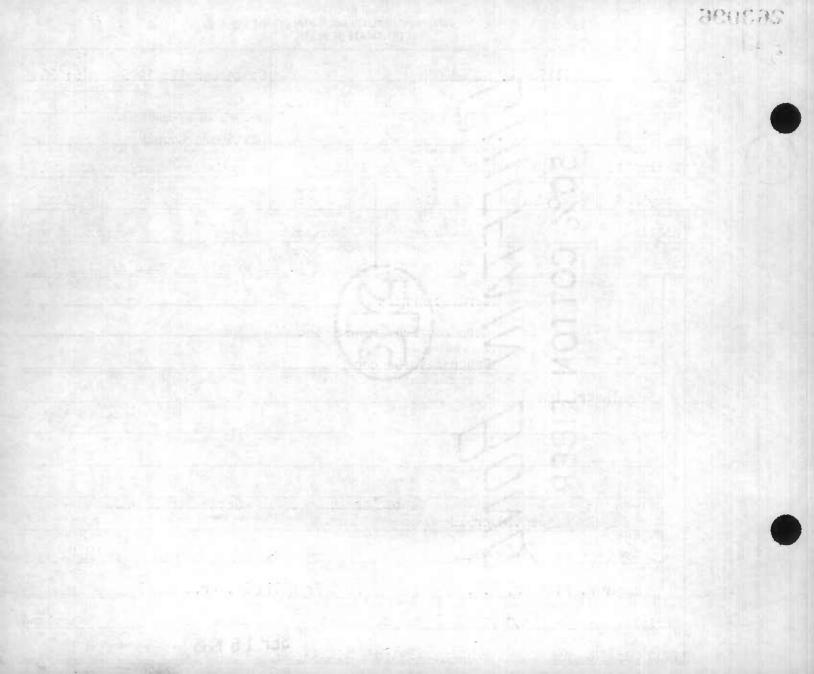
ā	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ORE, MARYLAND 21201
R ATTENDIN	R ATTENDING PHYSICIAN. The low requires that the death certificate be executed with 24 habit after death has proposed on ottending physician.	secured within 24 haurs offer death. To
RECTOR: After the office of th	RECTOR: After the centrate has been signed by the othending physical and completely tilled in by the translation use os the buriol training permit. Then please remove carbon populi. Format is thanked by the training pr. of Health and Mer told types and the principle of the prin	oper The difference of the transfer of the tra

FOR	Film 6609 ice		DEPARTA		E OF MAKTLAND IEALTH AND MENTAL HYG	IENE 8 5	2	4 5	3 /
REG	re 11/14/85 rja	à		CERTIF	ICATE OF DEATH	REG. N			
1 DECEASE			. MC C		AST	Septembe			3:33 P _M
3. SEX		4 RACE		S. DATE (6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ma	ale	black		8	16 1914	71	YRS		MIN.
70 BIRTHPL COUNTR		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city of Baltimore			MD
Whit	te Marsh	Frank	lin Squar	e Hos	pital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Labor		INDUSTRY	Finisher
13a. STATE	Md		13c. CITY OR TOW Baltimor	N	13d. INSIDE CITY LIMITS? YES NO -	13e STREET ADDRESS		21229	
Adai	FIRST	MIDDLE	McCoy		Anna Anna	MIODUS B.		Wilk	ens
	OR UNKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	240-22-8		Joanne McCoy	ADDRI 417 Loudon			
18 C.	AUSE OF DEATH (Enter of ART I. DEATH WAS CAUSE IMMEDIA	nly one cause per ED BY. TE CAUSE (a)		d ic				BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
gov cau	ditions, if any, which e rise to immediate se (a), stating the erlying cause last	DUE TO, O	r as a conseout	ence of	otic cardiovas			N IN PART 1	0
			infarction						
CERTIFICATION D	ATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DE	ATH HOUR A	DE INJURY .M. MONTH D. .M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
WEDICAL WHILL AT WO	NJURY OCCURRED LE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	FARM, ETC.)	216 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
5	certify that (this hosp saw the deceased alive ar abave, (Liwe) (did) (this	sept.	11 10	Sep 85	nd that in (in Caur) apinian	, to <u>Sept.</u> death accurred on the d	ote and havi c		
	Minharlo . Ita	<i>y</i>			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [9-11	SIGNED
22d. F	Michael S	Stang, M	ID	- 31	9000 Frankl	in Square [Dr., 21	237	
230. BURIAN	Burial	23b. DATE 9/16/8			EMETERY OR CREMATORY Memorial Par	k Arbutus		COUNTY	STATE Md
24 FAINER	AL DIRECTOR	1			25a DAT	E REC'D. BY REGISTRAR	25h REGISTRA	AR 5 SIGNAT	URE OR

DHMH - 16 60M 7/B4 (VRA 15, 4)



263096							OF MARYL		A	0	4 50	7 0
200030	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND	MENTAL HYG DEATH	REG.	2	4 2	3 9
57		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
be 3	(TYPE	OR PRINT)	Willi	am I M	CDONOUG	ш			September	12 10	985	5:03A M
woy moy	3 SE	<		RACE	TUDONOUG	5. DATE C			6. AGE (IN YEARS LAST B	IRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
4 4 offi	Ma	le		White		MONTH 2	9 DAY	1929	56	YRS "	MONTHS DAYS	HOURS MIN.
2 42		RTHPLACE (STATE OR I	FOREIGN 71	. CITIZEN OF	WHAT COUNTR	Y? 8	NEVED	MARRIED -	9 BALTIMORE CITY		OF DEATH	
7		ryland		U.S.A		WIDOWE		NORCED [Baltimore	County	,	MD.
(E) 20	10 C	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURS		R OTHER INS	NOITUTITE	120 USUAL OCCUPA	TION	12b. KIND C	OF BUSINESS OR
5 1 1		ssville		Frank	lin Squa	are Hos	pital		Supervisor	- Ame:	rican (Can Co.
1 46	USU. 13a. S	AL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE	CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
N 1 11 11	Ma	ryland	Balti	more	Dunda:		YES 🗌	NO 🔀	1878 Chur	ch Road	d	21222
1 11/2/		THER'S NAME FIRST	MI	DDLE	LAST		15 MOTHER	'S MAIDEN NA	WE		LAS	51
W I W		lliam			McDone	_		rgaret			Lepper	<u> </u>
ORE ORE	1	VAS DECEASED EVER	(IF YES, GIVE V	WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17 INFORM	ANT	ADDI	RESS		
A P	Ye	S	Korea		212-26	5-7043	Loret	ta M. M	IcDonough	Same	e as 13	
, BAI icote icote ovol. nt, tl	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiac Arrest										BETWEEN	IMATE INTERVAL ONSET AND DEATH
l ST.		GP TARGET	IMMEDIATE	CAUSE (o)	Cardiac	Arrest					- 100	
orth corth or		Constitution of	11.1		R AS A CONSEC			بالمسال				
PRES e att motion		Conditions, if any, gove rise to imm	mediate	1	Cerebrov		r_ACC1	dent				
W. I to the lost the		underlying cause			r as a consec Pancreat		CON					
201 ned l pleo unal		PART 2 OTHER SIGN	NIFICANT CO					D TO THE TERM	VINAL DISEASE OR COI	NDITION GIV	EN IN PART I	0
RDS, equir n sign Then to b	ATION	Malnut										
ECO Dw r Dried Dried	CA	19a DATE OF OPERA		196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
ALR lign.	TIFIC				E				YES NO NO	YES		NO []
VIT AN: T hysici hrons trons 18 sh	CERT	OR CONTRIBUTING	the same	216. TIME C		DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	ART) OR PART 2)	
SICIAN: ng physing physical real real Hem 18 s	CAL	(IF EITHER NOTIFY MEDI	CALEXAMINER)	P.	м.	19						
NG PHYSICIAN OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMON NG PHYSICIAN: The law requires that the death certificate by a carding physician. The law requires that the attending physician of the this certificate has been signed by the attending physician of the hirs certificate has been signed by the attending physician as the burial-transit permit. Then please remove corban papers Pageth and Mental Hygiene prior to burial, cremation, or removal.	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY REET_FACTORY, OFFIC	E FARM ETC.)	211 LOCATI		CITY OR T	OWN	COUNTY	STATE
DIVIG NDING I or off use as the tealth o		WHILE NOT WE AT WO 22s I certify that the		A 1 1 at		Contom	how 12	05	Contom	10	19.85	
TEND TO OR OR OR THeo	-	saw the decease above, (H (we) (c							, to Septemb death accurred on the			that (H (we) last
R ATTEN haspital IRECTOR hed for us ept. of Hem 21 is	- 3	22b. SIGNATURE	did) (did nor)	em HEARY	after death.		DEGREE				22c DATE	
A 0 0 0 7		lour	Ja.	Blus	an.			ATTENDING PHYSICIAN	MEDICAL STA	AFF V	09/1	
HOSPITAL OF	1	22d. PHYSICIAN'S N	AME (TYPE OF	PRINT)			22e ADDRE		DIRECTOR PHTS	CIANLA	109/1	2/65
O HOSPITAL etained by 1 TO FUNERAL should be de with the Stott		Roger A	Fila	mor M	n		9000	Frank1	in Sq. Dr.	21237	7	
of the short of th	23a E	URIAL, CREMATION,				NAME OF C			23d. LOCATION	LILOT		
BP		specify; rial		9/14/	1985	New Ca	thedra	1	Baltimo	re	COUNTY	Maryland
DHMH - 16 60M 7/B4	24 FL	INERAL DIRECTOR D	uda-Ru	ck, In	C. ADDRESS					RISS REGISTE	PAR'S SIGNAT	THE
(VRA 15, 4)		22 Wise Av			ndalk, I		d 212	22	1 1 0 1985	Jim w	undson-V	and broken



FOR STATE

STATE OF MARYLAND

5	La	day.	-3	2

	REGISTRAR				CERTII	ICATE OF DEATH	REG	NO.		-
	CEASED NAME	EDMUN		McGRAW		AST	2e. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
				TICGIAN				EMBER 16		15753
3. SE		4	I. RACE		5 DATE C		6 AGE (IN YEARS LAST		ONTHS DAYS	HOURS MIN
	Male		White		Sep	t. 25,1922°	62	YRS	DATE DATE	NOORS MIN
7e BI	RTHPLACE (STATE OF	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland		USA		WIDOWE		Balti	imore Co	ounty	M
ID CI	Towson	TH 1		HOSPITAL, NURSIN H FACILITY, GIVE STREET OVENTRY R		OR OTHER INSTITUTION	12a USUAL OCCUP. ITYPE OF WORK FOR MO Publi	ATION ST OF WORKING LIFE Sher	INDUSTRY	of BUSINESS OF
	AL RESIDENCE HE NURS						In CIPER ADDRES	C / 710 COOF	364	
	aryland	Balt	imore	13c CITY OR TOW Towson	N	13d INSIDE CITY LIMITS?	13e STREET ADDRES	Coventry	Rd.	21204
-	THER'S NAME			Towardin		15. MOTHER'S MAIDEN N		oventry	Ivu .	21204
	James Lo	yola Ñ	CGraw	£AST		FIRST	Jones		LAS	ST
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	8 49	emblant	Court	
Г	Yes, no or unknown)	WW I	WAR OR DATES)	219-05-8	132	Robert J. M		onium, M		1093
	18 CAUSE OF DEAT	H (Enter only	, one cours oer	line for (a) (b) an	die	1				MATE INTERVAL
	PART I. DE ATH W	AS CAUSED	BY.	Met	9140	etoz Colon	· CONCOX	,		mon.
	5-24/	IMMEDIATE	CAUSE (a)	1000	und	40- 60-	n and		1	men.
	100 E 20 E		DUE TO, OI	R AS A CONSEQUE	NCE OF				40000	
	Conditions, if any,		(b)							
	couse (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF				24	
	underlying couse	last	(Ic)	4.5	-	KKILLI LANGE				
_	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVE	N IN PART 1	0
Ö										
18	19a DATE OF OPERA	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
CERTIFICATION							YES TI NOT	YES		S OF DEATH?
2	21a. ACCIDENT WAS UND	DERLYING	216. TIME O			216 HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT 1 OR PART 2)	
1	OR CONTRIBUTING			M. MONTH DA						
MEDICAL	11d INJURY OCCUR		21e PLACE		19	211 LOCATION				
MEG				EET FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OF	RIOWN	COUNTY	STATE
	WHILE NOT WE	RK								
	220.1 certify that (1)					8/2/19_8	5, to	9/16		that (we) lo
	sow the deceose obove, (1) (we) (c	did did not	view the body	ofter death.	, 01	nd that in (my) (our) opinio	n deoth occurred on the	dote and hour	ond from the	couses stoted
	226 SIGNATURE	0	11.1	7	0	DEGREE	The same of the		22c. DATE	SIGNED
	U	arle	1 Nac	XILL	CIN	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN	9	-16-85
	22d. PHYSICIAN'S NA	AME (TYPE OR	PRIN	()		22e ADDRESS	<u> </u>			14 -)
	Charle	es Pad	gett, M	I.D.		5601 Loch Ra	aven Blvd.	Baltimo	re, Md	, 21239

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL ISPEBURIAL Sept. 19.1985

23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley

Timonium, Baltimore Co., Md.

ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Baltimore, Md.21212

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6 I - STATE REGISTRAR			TH AND MENTAL HYGIE		3 A U
T DECE	M	EDICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LÁSŤ	20. DATE KNOWN X MONTH	DAY YEAR 26 HOUR
(TIPE OR PRINT)	Harry	D. Mc	Kenny	DEATH MATED 0	16/19 85
3. SEX 4. R.	ACE S. DATE OF BIRT		UNDER TYR. IF UNDER 24 HRS		DAY YEAR 24 HOUS
Male W	hite Feb. 7	1961 24 YRS.	ONTHS , DAYS HOURS MIN.	PRONOUNCED 9/	16/ 19 85 A
TO BIRTHPLACE (STATE C	OR 76. CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED &	9. BALTIMORE CITY OR COUN	
Balto. Md.	U. S.	A. WIDO	OWED DIVORCED	Baltimore Co	unty, "
ID CITY OR TOWN OF	DEATH II. NAME OF H	OSPITAL NURSING HOME, OR C	THER INSTITUTION 120. U	SUAL OCCUPATION (TYPE OF WORK	1126 KIND OF BUSINESS
Parkvil:	le Duncre	oft Ct & Kimtore	Rd Wa	r MOSTOF WORKING LIFE)	or industry McCormick
	NURSING HOME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE ADMISSION)	. 1(4.)		Spice Co.
Maryl and	Harford	Fallston		Oli Oaklyn Dr.	21047
14 FATHER'S NAME	1 neurora	I satta oom	15 MOTHER'S MAIDEN NAM	NE .	27.041
Harry	WIDDLE	McKenny	CArolyn	MIDDLE	Hall
160. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS 210	
(YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	21.3-88-2988	Mr Hanne Me	Kenny, Fallston,	
	ATM/E-A		IHally ik	Morney of detablioning	APPROXIMATE INTERVAL
PARTIDEATH	EATH (Enter only one couse per l I WAS CAUSED BY:		-11 m		BETWEEN ONSET AND DEATH
1 8/50	IMMEDIATE CAUSE (o)	Cranio-cer	ebral Trauma		
Condition	if ony, which	OR AS A CONSEQUENCE OF			
gove rise t	to immediate (b)				
lying couse lo	ting the <u>under</u> - ost DUE TO,	OR AS A CONSEQUENCE OF			
	((c)				
	CANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1 (a).		A SHALL BE A SHALL
190. DATE OF OPE					
190. DATE OF OPE	ERATION 196. CON	DITION FOR WHICH OPERATION	I WAS PERFORMED?		20 AUTOPSY?
1 1					YES 🔀 NO 🗌
		OF INJURY A.M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PART 1 OR P	ART 2)
CONTRIBUTING	\Box CAUSE OF DEATH $B:00$	0x 9/16/1985 s	subject driver o	of auto lost con	troll
5 WHILE NORK AT WORK AT	URRED 21e PLAC	E OF INJURY (AT HOME, 211	LOCATION STREET	CITY OR TOWN	DUNTY STATE
AT WORK LAT	T WORK	roadway Du	incroft Ct. & Ki	mtore Rd., Balt	
AT WORK A			loosy X Inspection .		
3	of I took charge of the remains	described obove, held onAu	topsy A, Inspection	Inquiry, ond in my o	pinion
3 22a I certify th		1			pinion
			, Homicide , Und	etermined monner ,	pinion
220 I certify the death resulted fr		1	, Homicide Und	etermined monner .	
22a I certify the death resulted fr		1	, Homicide , Und	etermined monner .	
220 I certify the deoth resulted from ACTUAL SIGNATURE	rom: Notural couses ,	1	Homicide Und	etermined monner .	
220 I certify the death resulted free death re	Notural couses ,	Accident X Suicide [Kauffman, M.D.	Homicide Undititle (SPECIFY) M.D. Assistant ME ADDRESS 111 I	DICAL EXAMINER SIGN	
220 I certify the deoth resulted from the second of the deoth resulted from the second of the second	Notural couses , , , , , , , , , , , , , , , , , ,	Accident Suicide Kauffman, M.D. 23c. NAME OF CEMETER	Homicide Und. TITLE (SPECIFY) M.D. ASSISTANT ME ADDRESS 111 E	DICAL EXAMINER SIGN Penn St.	9/16/85
220 I certify the deoth resulted from ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	ME Gregory R. I	Accident Suicide Kauffman, M.D. 23c. NAME OF CEMETER	Homicide Undividual Ville (SPECIFY) M.D. ASSISTANT ME ADDRESS 111 F OR CREMATORY 2384 COMMON COMM	DICAL EXAMINER SIGN	9/16/85 9/16/85 Maryland

STATE OF MARYLAND

Company of the second of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERT	IFICATE (OF DEATH		REG.	NO.				
	EASED NAME	FIRST		MIDDLE	-	LAST		2a. E	ATE OF DEATH		OAY	YEAR	2b. HOUR	-
TYPE	OR PRINT)	LLIA	11	ORMA	NI NA	lcMIL.	1 001			9	18	85	1730	
3 SEX			RACE	ORIVIA		OF BIRTH	LAIV	6. AC	GE (IN YEARS LAST	BIRTHOAY)	_	DER I YEAR	IF UNDER 24 HRS	IV.
	A A-1-		\ A //a *		MON		AY_ YEAR	VIII.	00		MONTE	DAYS	HOURS MIN	-
7- DI	Male RTHPLACE (STATE OR FO		Whi	-	-	y 6,	1905	0.04	80	YRS	_	DE AVIII		_
	OUNTRY)				MARR	IED NE	VER MARRIED	-X	LTIMORE CITY	_				
-	ash., D.C			JSA	WIDOV		DNORCED [Baltimo		oun	ty	M	D
10. C1	TY OR TOWN OF DEA	TH 1			URSING HOME	OR OTHER	INSTITUTION		USUAL OCCUPA E OF WORK FOR MOS			B. KIND O	F BUSINESS O	R
F	Randallsto	vn			County	Gene	ral	-	elf-emp			_	estor	
USUA 130 S	AL RESIDENCE (IF NURSI	NG HOME OF C	THER INSTITUTION		BEFORE ADMISSION	- 1	DE CITY I I LIVER	a lua c	TDEET ADDDEE	C / 71D CC	200			_
	MD	Balte		Minas	Mills	YES T	DE CITY LIMITS?		27 Wir			ad	21117	
-	THER'S NAME	Date	<i>y</i> .	Av II 195	1411113		HER'S MAIDEN N		~ / VV [1	iai ias	110	aa,	21117	_
	FIRST		IDDLE '	A A - A A			FIRST	dela	MIDDLE		0-	LAS		
_		Willia		McM			Elizabe	etn	100	Decc	GC	rma	n	_
	VAS DECEASED EVER I		WAR OR DATES)		SECURITY NO.	17 INFO				RESS				
	No			214 2	4 4975	Wil	liam H	1. G	orman,	II,	В	alto.	, MD	
-	18 CAUSE OF DEATH			line for (o),	b), and (c)	5.7			Trans.			BETWEEN	MATE INTERVAL	_
100	PART I. DEATH WA	AS CAUSED IMMEDIATE		CARI	MO RES	SPIRA	TORY	AR	PREST.					
		MAKEDIATE					/							T
	Candidan II	4.4	DUE TO, O	R AS A CON	SEQUENCE OF	De	UAL FA	21/1	DE					
	Conditions, if ony, gove rise to imm		(b)_	000		1) L	Um - 17	1100	/cc			-		-
	couse (a), stating underlying couse	the lost.	DUE TO, O	RASACON	SEQUENCE OF		DMINAL	1 1 -	0 0	1				
	onderlying cools	1071	(c)	KUPT	DRED	Tha	DMINAL	- AOI	2110	TNEW	RYS	M -		_
-	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTIN	G TO DEATH BU	JT NOT REL	ATED TO THE TE	ERMINAL	DISEASE OR CO	DNDITION	GIVEN II	V PART 1:0	0	
CERTIFICATION					Sec. 1									
CA	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	VHICH OPERATI	ON WAS PI	ERFORMED	20	a AUTOPSY?				VGS USED	1
1	9-14-	-85		EME	CGENC	WLA	PAROTON	MY YI	ST NO		YES 🗌	CAUSES	OF DEATH?	
#	21g. ACCIDENT WAS UND	ERLYING	21b. TIME C	OF INJURY	111111111111111111111111111111111111111	21c. HO	W INJURY OCCU		ENTER NATURE OF I	NJURY IN ITEM	18 PART I	OR PART 2)		_
	OR CONTRIBUTING C				H DAY YEA	R								
WEDICAL	116 INJURY OCCURR			OF INJURY	19	211 LOC	TATION							_
ME	WHILE NOT WHI				OFFICE, FARM, ETC)		STREET		CITY OF	IOWN		OUNTY	STATE	
100	AT WORK AT WOR	, L												
	220 I certify that (f)	The second second	I) attended th	e desposed		-14		5.	0 9-	-18	19.		that (I we lo	sŧ
	sow the decestal	d) kid not	view the mody	oft de No.	19 85	ond that in	(my) Curppinio	ion deoth	occurred on the	date and h	nour ond	from the	couses stated	
	77% SIGNATURE	~	/	11		DEGREE				-		22c. DATE	SIGNED	-
		09	ne-	1 47	1	MD	ATTENDING PHYSICIAN		DICAL S'	AFF A	2	9-	18-85	NE .
	224 PHYSICIAN'S NA	ME TIME OF	Winds /	17	2	22e AD		V L DIK	ECTOR PHT	SIC IAIN	2	-	0	-
	DALLANI	NE	OFET	v£		DA	17.	no.	Court	160	C AA	1 11	ATOS	
	1-1/4 mont	00	JES IK	-		1974			OUNTY	OEK	UHA	- 110	STIME	
23a B	URIAL, CREMATION, F	REMOVAL	23b. DATE				OR CREMATOR	RY 23	d LOCATION'		COL	UNIY	STATE	
	Burial		9/1	9/85	Loud	on Pa	ark		Balto	. ,			MD	

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4) 4905 York Road Balto. MD

9/19/85 Loudon Park
Henry W. Jenkins & Sons Co.

21212

Balto.

250 DSEP 2 0 BSS 256 REGISTRAR'S SIGNATUA

CHOTH Admiration one midfield Policialistation - Splittering Governor - Income With the state of John William Laborated Comments Williams William H. Conney, II, Belgo, All The state of the s The state of the s and the day their their differences al terre V. cardes have seen on Mb. 1945 Com . Miss . 1964 Appl dight

2011	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 5	2 4	3	9 6
267031		CEASED NAME FOR MAI	rgaret	Eleanor	Merr	yman	20 DATE OF DEATH			26. HOUR 10:30p _M
ctor. pos	3. SE	x Female	4. RACE Whi	te	5. DATE C	b. 28, 1914	6 AGE (IN YEARS LAST BI	MONTH		HOURS MIN.
eoth. Pogrerol direct	70 B	IRTHPLACE (STATE OR FOREIC COUNTRY) Maryland		S.A.	8.	NEVER MARRIED	9 BALTIMORE CITY O	PRS DE COUNTY OF DO		MD
s ofter de by the fur	10 C	Owings Mills	11. NAME C	DE HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET 123 Oakme	IG HOME C	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST, HOUSEWI	ION OF WORKING LIFE) IN	b. KIND OF IDUSTRY	BUSINESS OR
filled in court be in					ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS 123 Oakm		211	17
omplems ond 2	14. F	Clarence	W.	Barnes		15. MOTHER'S MAIDEN NA FIRST Martha	WIDDIE		rman	
execution of control o	160 \	WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (#	.S. ARMED FORCES yes, give war or dates			Betty Merry	man Owings	mere Rd. Mills, M	d. 21	117
Physics of the state of the sta		18 CAUSE OF DEATH (Er PART I. DEATH WAS C	ter only one cause pause pause by: EDIATE CAUSE (a)	perline or (a), (b) an	dich	5) Iravor	Arrest	W-1/	BETWEEN ON	ATE INTERVAL NSET AND DEATH
ING PHYSICIAN The lease requires that it death as through the executed within 24 hours of the range of the secretary of the second completely filled in by as the buriel transfer of the second completely filled in by as the buriel transfer of the second the second transfer of		Canditions, if any, whi gove rise to immedia cause (a), stating t underlying cause la	ch (b), the DUE TO,	OR AS A CONSEQUE	21.101	4 Cancer				
Then you	NO NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATHBUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN	PART Ita	9 5
The low of the permit of the p	CERTIFICATION	190 DATE OF OPERATION		NDITION FOR WHICH	OPERATIO	7	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSES C	GS USED OF DEATH? NO [
SICIA 19 ph 19 ph certificat riol-tr riol-tr from 18		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU LIFEITHER NOTHY MEDICALEX	GENER HOUR	A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED LENIER NATURE OF INJU	IRY IN ITEM 18 PART 1 O	IR PART 2)	
offer this os the burn orked or	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, EIC	211. LOCATION STREET	CITY OR TO)WN C	OUNTY	STATE
CTOR: A STORY OF USE OF		27a I certify that (I) (this new the decreased of above (I) (we) (did) (De till	1+ 4 19 (35_, 01	nd that ir (my) (our) opinian	death accurred on the a	ate and hour and		nat (I) (we) last auses stated
RAL DIRE detoched fate Dept		22b. Signay Use	(Lange)	Jeen	g ip		MEDICAL STA	FF	Septe St	15/2,8
O HOSPIT TO FUNERAL Thould be det with the Store		22d PHYSICIAN'S NAME	OSEN	sheim		550 No	Ath Brown	duay,	By	Himo
BP		BURIAL, CREMATION, REM (SPECIFY) Burial				emetery or crematory een Mem. Gard	23d LOCATION CITY OF TOWN ens Finksbu	rg. Carro	NIY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	W. J. Echla	dt	Owings M:		2501 DA	16 PEG	Parido	SIGNATUI	RE

STATE OF MARYLAND

Property Middle . A. Ed. 1912

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Clarance to Harris Martin

Burdel 1 Copt. 1985 Evergreen Fem. Cordena Jankeburg, Cordena, MA. The state of the s

| Laure. 11, 1945 | 10:309

Visito Service College

LEE Caterage Rd. MAIN

119-30-2422 | Batty Henrysan Colombia Mills, 14. 21117





STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

69114	1,	FOR STATE REGISTRAR	DEPARTM	THE COMMAND MENTAL HYPE CERTIFICATE OF DEATH	GIENE 8 5 2	4545
1 1		CEASED NAME FIRST	WIOOFE	ŁAST		DAY YEAR 26. HOUR
6 6 6	{ TYPE	John	Raymond	Metzler	92	3 85 12.30 AM
poge ter deo	3. SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	1	Male	White	11 21 1907	77 YRS.	MONTHS DATS HOOKS MIN.
2 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
of hin 7		ennsylvania	U.S.A.	WIDOWED DIVORCED	Baltimore Cour	
by the f		ty or town of death	11. NAME OF HOSPITAL, NURSIN INF NOT IN SUCH FACILITY, GIVE STREET A 12 Flagship Roa	DDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Foreman	126. KIND OF BUSINESS OR INDUSTRY Steel Mfgr.
2 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		
elilled oold	1		timore Dundalk	YES NO X	13. STREET ADDRESS / ZIP CODE 12 Flagship Rd.	
N PEN		THER'S NAME	MIODLE LAST	15. MOTHER'S MAIDEN NA	AME	
B / 50	V 3		W. Metzle	er Florence	MIDDLE B.	Unknown
edico		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
Poog		No -	213-07-0	288 Mary Metzler	(sameas 13e.)	
yol.		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and ED BY:	lie o	7 _	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a)	ardiac a	ned	
2 2 3			DUE TO, OR AS A CONSEQUE	NCE OF / 1/	+ 6	20
		Conditions, if any, which	(b) Cover	orderote He	an Surlass	2 Mesu
4		cause (0), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF		
, or o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO F	EATH BUT NOT RELATED TO THE TER/	ALIAL DICEACE OR CONDITION OF	/FALMIDADT 3
unlu	N N	I ANT 2 OTTER STORY TO ANY	COMPINONS COMPRIBOTING TO D	EATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIV	VEN IN PART ITO
any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
ene S	TIF					FYING CAUSES OF DEATH?
Hy9	18	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2}
Item	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	Allii	19		
N TO P	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
orke		AT WORK NOT WHILE		1	1 1	ar
Heol is m			ital) attended in deceased from	may 1960	10 9-09	19 0 , that (I) (we) lost
# 2 E		saw the deceased alive or above (1) were idid yielid no	view the body after death	, and that the (my) (our) apinion	death accurred on the date and hou	
F We		224 SIGNATURE	1/1/1/0	ATTENDING	MEDICAL STAFF	77 DATE SIGNED
Stot		224 PHYSICIAN'S NAME THE	1 /2 /N V	12e ADDRESS	DIRECTOR PHYSICIAN	
with the Sta		ANTO SILESSES MANAGEMENT MANAGEMENT			and here Delle 1	מרכור באי
IMP I	23n R	Dr. Wyman Wo		ME OF CEMETERY OR CREMATORY	rd Ave. Balto., I	Ma. ZIZZZ
		SPECIFY)			CITY OR TOWN	COUNTY STATE
-	24 FL	Burial INERAL DIRECTOR	1 03/20/1303 380	cred Heart of Jesu 250.DA	Baltimore, I	
MH - 16 60M 7/B4		NAME	1110004			

DHMH - 16 60M 7/8 (VRA 15, 4)

Walter Brooks Bradley Inc. Balto., Md. 21222

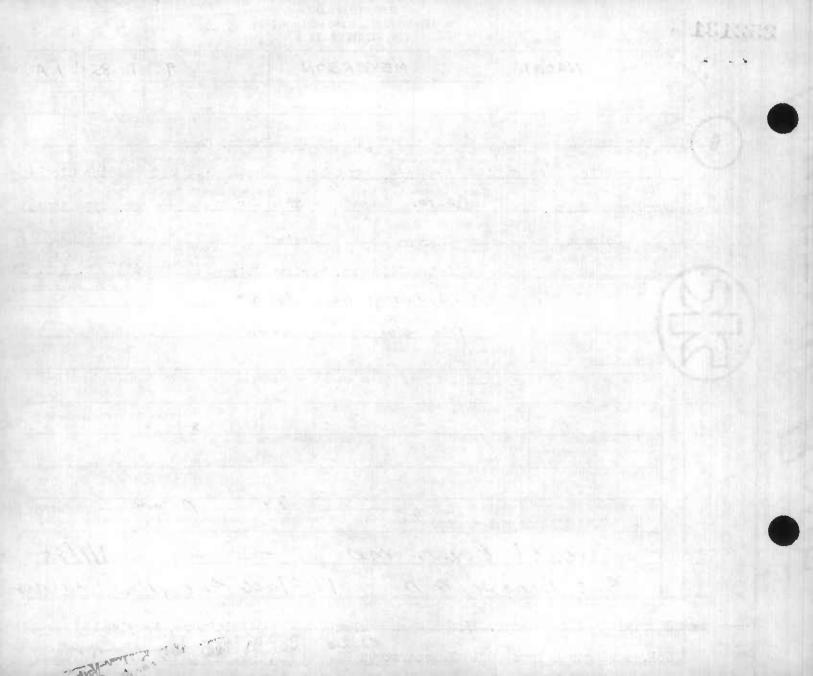
SEP 24 1985 Grandavidon Bandon

Levinson & Bros 6010 Reisterstown RD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR XTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Fuge 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and implified in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Page 1 and within 72 hours ofter death with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT; If them 21 is marked or them 18 shows any injury, or other troumatic event; the medical
	O HOSPITAL OR ATTEND efformed by the hospital of	should be detached for use with the State Dept. of Hea	MPORTANT: If Hem 21 is n

				STATE	UF MAKTLANU	yen , w	A A C
252129	1 -	FOR STATE	DEP		EALTH AND MENTAL HYG	IENE 5 5	2 4 5 4 3
WILLY TWO		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	·	AST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOURS
moy be poge 3	(TYPE	ORPRINT)	(D) N	IVAL	auunas	C	2 85 12 AM
Sod S	3. SE)	John	RACE	5. DATE C	V V V V V V V V V V V V V V V V V V V	6 AGE LIN YEARS LAST BIRTHDA	
of te	J. JL/	~- 0	- 1	MONTH		1	MONTHS DAYS HOURS MIN.
ege de	0	nale	Write	15	26 12	72	YRS.
5 p b		RTHPLACE (STATE OF FOREIGN 7)	6. CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
deoth.		PA.	USA	WIDOWE		Balto	· Country MD.
	In. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	URSING HOME C		120 USUAL OCCUPATION	126. KIND OF BOSINESS OR
hours offer the by the the filed wife	-	Towson	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	Harris	(TYPE OF WORK FOR MOST OF WO	
ours Bill	ISUA	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	Mospice	<u> ISteel Worker</u>	
R 2005	13a S	Md.	Baltin		YES NO D	13. STREET ADDRESS / ZII	ie Rd. 21239
E 1	IA.FA	THER'S NAME			15. MOTHER'S MAIDEN NA		
1323	0		IDDLE LAS		FIRST	MIDDLE	Paramara
	IAn V	Alexander VAS DECEASED EVER IN U.S. ARM	Mikolay	SECURITY NO.	Carolyn 17 INFORMANT	ADDRESS	Bucanus
exe ood oo	0	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)				
s o o	r	JO	216-0	3-2674	Lillian Miko	tayunas (wii	e) same address
ysica oper vol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), ond (c)	10.	0 00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ntific on ph emo		IMMEDIATE	1 2 4	ero a	Luer wie	th Bone 1	NOW
ding orbo			DUE TO, OR AS A CONS	SEQUENCE OF			
deoth ove c ntion,		Conditions, if ony, which	(b)	52002110201			
he o mot mot		gove rise to immediate couse (a), stating the	(0)				
by t by t 1, cre othe		underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF			
s the		PART 2 OTHER SIGNIFICANT CO	(c)	C TO DE ATH BUT	NOT BELATED TO THE TERM	IN AL DISEASE OF COMPLETE	ON CHIEN IN DARK I
sign sign hen to bu	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	3 TO DEATH BUT	NOT KELATED TO THE TERM	TINAL DISEASE OR CONDITI	JN GIVEN IN PART 110
e company	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	ALICH OBERATIO	N MAS DE DE CODAMED	200 AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
low serm serm	FIC.	THE DATE OF OFERATION	178 CONDITION TON V	Merrorekano	T WAS TEN ORMED	IN	CERTIFYING CAUSES OF DEATH?
The history shows the history shows	E		Tan This of Minney		141 11011111111111111111111111111111111	YES NO	YES NO
hysical hronsid Hygiri 18 shu		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART) OR PART 2)
SICIAN: ng physic certifico priol-tron entol Hy Item 18	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
HY. His his	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TOWN	COUNTY STATE
NG PH r otten os the thond orked o	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, O	PFFICE, FARM ETC]	J		
D IN Or		22a.1 certify that (I) (this hospita	I) ottended the deceased f	rom_ 8/	29 19 85	10 9/2	
TEN TO SO OF THE STATE OF THE S		sow the deceased olive on_	5/4		d that in (my) (our) opinion (death occurred on the date o	and hour and from the causes stated
R ATTER hospito RECTOR hed for tem 21 i	1	obove, (I) (we) (did) (did not)	view the body ofter death		DEGREE		22c. DATE SIGNED ,
0 0 0 0 0		NO TON	010000 10	MI	ATTENDING	MEDICAL _ STAFF	9/2/0-
ITAL Store		22d PHYSICIAN'S NAME (TYPE OR	acerus -	101		DIRECTOR PHYSICIAN	1 12/02
HOSPITAL ined by t FUNERAL old be det th the State					22e ADDRESS Stell.	a Maris Hospi	ce
TO HOSPITAL reformed by the TO FUNERAL should be determined with the Store IMPORTANT: H		Kendall Fau	Ikner, M.D.		2300 Dulane	y Valley Rd.	
T o x x		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	
BP	(Burial	9/5/85	Holy Re	deemer	Baltimor	re Md. STATE
DUMEL 14 4011 7/04	24 FL	INERAL DIRESCHIMUNEK	FINERAL HOME	. INC.		E REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		3331 Brehm	s Lane, Balt	o. Md. 2	1213 S	EP 5 1985	, www.doon-Adridence

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•	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fe
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	The
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	TO TO
	L OR ATTENDING PHYSICIAN: The Ithe hospital or attending physician.
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		FOR			DEDA		E OF MAKYLAND EALTH AND MENTAL HYG	ENT 8 5	2	4	6
34	1-	STATE REGISTRAR			DEFA		ICATE OF DEATH	REG. N	6·11		
			FIRST	Ne I	WIODLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
0	TYPE	ORPRINT) Mar	у Ве	lle M	iles			Septe	ember 26	1985	9.45.
	3. SE	x	4.	RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BI	RTHOAY) IF	UNDER I YEAR	IF UNDER 24 HE
. 3		Female	PH	Cauca			y 16 1901	84	YRS		1.00.3
20		RTHPLACE (STATE OR FOR	REIGN 7b		WHAT COUNT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		F DEATH	
0		Maryland ITY OR TOWN OF DEATH	. 11	U.S.A			DR OTHER INSTITUTION	Baltimore	-	I	
6		Randallstown		Balti	more Cour	nty Genera	al Hospital	Tign USUAL OCCUPAT (TYPE OF WORK FOR MOST) Reg. Nurse	OF WORKING LIFE)	INDUSTRY	ans Hosp
3	130 5	AL RESIDENCE (IF NURSING STATE Maryland	Balti	1	13c. CITY OR T	efore admission) OWN Cimore	134 INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS 2914 N. R	ZIP CODE	oad	2120
1	14 FA	THER'S NAME	***	OOLE	1457		15. MOTHER'S MAIDEN NA				
200		Dewin E. Mile			2. m.	65	Sadie B. (r	ee Walters)		ĮAS	
dico		VAS DECEASED EVER IN		D FORCES?	16b SOCIALS		17 INFOMMENT Marily				2120
		no			218-4	14-3658	2914 N. Roll	ing Road	Baltimo		Maryla MATE INTERVAL ONSET AND DEA
any injury, or one	CERTIFICATION	PART 2 OTHER SIGNIE	FICANT CO				NOT RELATED TO THE TERM	INAL DISEASE OR CON	0 - 18	N IN PART 11	
1	TIFIC							YES NO	IN CERTIFYI		OF DEATH?
9		210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH			DAY YEAR	21¢ HOW INJURY OCCUR	ED (ENTER MATURE OF INJI	JRY IN ITEM 18 PAR	T I OR PART 2)	¥ 414
/	MEDICAL	21d INJURY OCCURRED			OF INJURY	ICE, FARM, ETC }	211 LOCATION STREET	CITY OR TO	ОWN	COUNTY	STATE
S mo		220.1 certify that Wit				om 9/7	19 81	_, to	. 19	87	that (I) (we)
n 21		saw the deceased abave, (1) (we) (dio	alive an	view the bady	y after death		nd that in (my) (aur) apinion	death accurred an the d	ate and hour c		
9		22b. SIGNATURE	shot	tany	der	ha	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSI		9.20 DATE	SIGNED 6. 85
MPORTANT		PUR-US	HOT	MAM	MIT	MA	22e ADDRESS		16	W.	
	230 B	Burial	LOWNC	9/27			wn Cemetery	23d LOCATION WOOdlawn	Ba	ltimore	Marylar
7/84	24 FU	NAME Loring 728 Liberty	Byers	Fune Randa	ral Dire	ectors, Maryl	Inc. 21133 S	EP 27 1985	25h REGISTRY	AR'S SIGNAT	TRENDAN

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT! SEPTEMBER 6. ROBERT TOSEPE MILLER 1 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR WHITE AUGUST 1924 61 YRS MATHELACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND DIVORCED BALTIMORE COUNTY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FORT HOWARD VA MEDICAL CENTER COURRIER MEDICAL SUAL RESIDENCE (IF NURSING FORME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
ID. STATE 136 COUNTY 136. CITY OR TOWN 30. STATE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 1115 BEALL PLACE MARYLAND GEORGE LAURET 15 MOTHER'S MAIDEN NAME FATHER'S NAME FIRST MIDDLE LAST MIDDLE FRANCIS WALTER MILLER CATHERINE UPMAN WAS DECEASED EVER IN U.S. 166 SOCIAL SECURITY NO 17 INFORMANT HIS, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CITATOAT PECOPDS TEAMER THOOM WOLLD TO

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	BETWEEN ONSET AND
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIT	ORESPIRATORY ARREST	MINUTES
Conditions, if ony, which gove rise to immediate	SEQUENCE OF SCLEROTIC CARDIOVASCULAR DISEASE	YEARS
cause (a), stating the DUETO, OR AS A CONS	BRAIN DAMAGE POST CARDIAC ARREST	MINUTES

IN CERTIFYING CAUSES OF DEATH? YES NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

22a I certify that at (this hospital) ottended the deceased from. saw the deceased alive an SEPTEMBER 6 and that in (and (our) apinian death accurred an the date and hour and from the causes stated

22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 9--6-85 PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) The ADDRESS

VADHANA C. CLAUD, M.D.

190 DATE OF OPERATION

21052

20a AUTOPSY?

230 BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE

BURIAL SEPT 12,198\$ ARLINGTON NATL CEMETERY ARLINGTON. 24 FUNERAL DIRECTOR

DONALDSON FUNERAL HOME. LAUREL MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

206. IF YES, WERE FINDINGS USED

DENT THE . SAME SP 17 20 Julia Saistan Fred St.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII

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d		REGISTRAR			CERTIF	ICATE OF DEAT	Н	REG. N	0.		1300	118
1		CEASED NAME FIRST		MIDDLE	L	AST	- 1	20. DATE OF DEATH	MONTH	DAY YEAR	25 HOUR	_
J	1000	Ma	ry M. M	TTCHFLL				Cantanhan	14	1985	- 20 -	4.4
1	3: SE)		4. RACE	TIONELL	5. DATE C	OF BIRTH	6	September AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	5.20 a	RS
-		FEMALE	T-T	II T (MIC)	MONTH 8	DAY YI	03	0.0		MONTHS DAYS	HOURS MI	Ν.
-		RTHPLACE (STATE OF FOREIGN		HITE WHAT COUNTRY?	8		9	82 BALTIMORE CITY O	R COUNT	Y OF DEATH	1	
	USE	(VRTRUDO)	F3 -	C 7		D NEVER MARRI	ED 1					
		r or town of DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	DR OTHER INSTITUTION		Baltimore			OF BUSINESS C	MD.
Α		Essex		CH FACILITY, GIVE STREET				TYPE OF WORK FOR MOST O		IFE) INDUSTRY	Carr-Lo	wer
4	USUA	AL RESIDENCE IF NURSING HOME OF		lin Squar		pital		Lathe Wo	rker	Class	Co.	_
51	2550	TATE 136 COUR	VIY	13c. CITY OR TOWN		13d INSIDE CITY LIV		Je.STREET ADDRESS			206	
		ryland I		Baltimor	e	YES NO		4421 Raspe	Aver	nue 212	206	_
И)	190	MIDDLE	LAST		FIRST		MIDDLE	. 445	1A		
4	16. 10	Michael VAS DECEASED EVER IN U.S. AR	E.	Cramer		Ma:	ry	ADDRI			Cramer	
Ž,		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)									
1		NO		220-14-6	/53	Mary Pha	res 2	019 Ashton	St.		21223	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	DPV							BETWEEN	XMATE INTERVAL	н
1		IMMEDIATE CAUSE (6) Cardio-Pulmonary Arrest										
-		due to, or as a consequence of										
1	1	Canditions, if any, which ((b) Pulmonary Hypertension										
1		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
1	10	underlying couse last. (c) Mitral Stenosis										
1	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TE	HE TERMIN	AL DISEASE OR CON	DITION G	IVEN IN PART 1	(0	
	CERTIFICATION											
7	ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO Y				
	RTIE											
ï	1272111	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
V	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		м.	19							
1	(ED)	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARAA FIC \	211 LOCATION STREET	TEN	CITY OR TO	WN	COUNTY	STATE	
	~	AT WORK										
		22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did na	tal) attended th	e deceased from S	epten	her 6. 19.	85	_, to_Septemb	er 1	419-85.	, that (I) (we) la	ast
		saw the deceased alive an abave, (1) (we) (did) (did na	Septem	ber 1419-8	5, or	nd that in (my) (aur)	apinian de	oth accurred an the d	ate and ha	ur and from the	causes stated	
1		THE SIGN ATURE	1	-7		1				22c. DATE	ESIGNED	_
		cette,	mes 6	4	MI	. ATTEN	DING CIAN	MEDICAL STA	IAN	9/1	14/85	
		THE PHYSICIAN'S NAME (TYPE	1.1.1			22e ADDRESS						
		Keith Eng	lish, M	. D.		9000 Fr	ankli	in Square [rive	, 21237		
7		URIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION				_
		Burial	9/18	/85 We	stern	Cemetery		Baltimor	e	COUNTY	Maryl	and
-	24 FU	INERAL DIRECTOR					250 DATE			TRAR'S SIGNA	TURE	<u> </u>
	Hu	ubbard Funeral	Home, I	nc. 4107	Wilke		SEE	REC'D. BY REGISTRAR	, was	Davidson-1	Variance	3
1							-		7			=

DHMH - 16 60M 7/B4 (VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4)

EMURRA INCOME TO PROPERTY OF MINISTER FOR THE Julia Trailment Jus 12

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1 - STATE 283051 CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR [TYPE OR PRINT] orianne 4. RACE A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH YEAR HOURS DAY 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN MARRIED | NEVERMARRIED DIVORCED" WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) ecreTAVY of mo USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTRUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO ON UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY unitary IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF .. underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERALION 20m AUTOPSY? INCERTIFYING CAUSES OF DEATH? italus mul cearcy NO P NO 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUGE OF DEATH (IF EITHER NOTIFHMEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET ACTORY OFFICE FARM, ETC.) AT WORK AT WORK 220.1 certify that (1) (this hespital) attended the deceased from 16182 saw the deceased alive an_ ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) - ew the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Store 224 PHYSICIAN'S NAME STYPE OF PRINT 22e ADDRESS IMPORT/ A-MANLE 730 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE KIDSP BP. em. DHMH - 16 50M 4/82

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept- of Heolth and Mental Hygiene prior ta b TO FUNERAL DIRECTOR.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		En N	
	2b	HOUR	
ı			

	REGISTRAR						REG. N	0.		
	DECEASED NAME FIRST		WIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
L.	Curtis	Avers	MO	OREFI	ELD		Septembe	r 14	1985	4:30pm
3 :	SEX	4 RACE		5. DATE C		VEAD	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
	Male	Whi	be .		. 17,	1915	69	YRS		
70	BIRTHPLACE I STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
1	Virginia	U. S.		WIDOWE	D	NORCED	Baltimo	re Co	ounty	MD.
10	Rosedale	(IF NOT IN SUC	HOSPITAL, NURS IN H FACILITY, GIVE STREET A IN Sq. HO	(DDRESS)		NOITUTIT	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF Auto mech	F WORKING	12b. KIND C INDUSTRY Md. S	of Business or
U:	Maryland Ball	mother institution	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Kingsvi	V	13d INSIDE YES	CITY LIMITS?	130 STREET ADDRESS . 11810 Cha	zip cot		.087
1	James Hen	MIDDLE	Moorefie	ld		S MAIDEN NA	WE		Ayres	
160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI		17. INFORM		ADDRE		10 Chap	
L	no		220-07-	3757	Mrs.	Doris	Moorefield,	Kir	ngsville	,Md.2108
CERTIFICATION	Canditions, if ony, which gove rise to immediate cause to, stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) CONDITIONS <u>C</u> C	R AS A CONSEQUE	EATH BUT			200 AUTOPSY?	206 IF Y	ES, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERT	OR CONTRIBUTION CAUSE OF DE	21e PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET FACTORY, OFFICE FA	Augus	211 LOCAT STRE	(aur) apinian (YES NOW RED (ENTER NATURE OF INJU	evinitem is	COUNTY	
ľ	Paul T.	ZESH	ON SKY.	MI	000	Enank	lin Course	Duivo	21227	2 5 0
	e. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		23c N	IAME OF C	EMETERY OF	Ch. Cen		Balti	more	Maryland
24	FUNERAL DIRECTOR	don - :	D 3 TA ADDRESS		3/12 03 /		E REC D. BY REGISTRAR	25b REGIS	STRAR'S SIGNAT	URE . OR
E	E.F. Lassahn,117	50Belair	Rd. Kingsv	ulle.	Ma ZI	10/SEP	18 195 4	Ser Biller	widow of	man i

DHMH - 16 60M 7/B4 (VRA 15, 4)

Sign 00 23 inches in things to be a different TOTAL STREET The second of th A COUNTY OF A COUN restricted formation in the contract of the co Bridge Sprandant. PURE TOUR DESCRIPTION AND ACTION OF THE PROPERTY OF THE PROPER

REGISTRAR

PRESTON ST

DIVISION OF VITAL RECORDS, 201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

HTMON	DAY	YEAR	2b. HOUR	
1.	1985		11:00P	AA

	CEASED NAME FIRST C	cine MORAN	zee Moran	September 2	1. 1985 11:00P M
3. SE:	× Female	A RACE White	Dec. 2, 192	6. AGE (IN YEARS LAST BIRTH	
Bo	altimore, Md.	U. S. A.	MARRIED NEVER MARRIE	Baltimore C	
Re	sedale		ig home or other institutio address) Lare Hospital	(TYPE OF WORK FOR MOST OF	or A T & T
13a S		imore Lutheru	pille 13d. INSIDE CITY LIM		te Manor Drive
7	Clarence	J. Moran	15 MOTHER'S MAIDI	G. MIDDLE	Rowzee
	No	v one couse per line for 101, (b., one	8930 Mrs. Lou	Luthervil ^a les, uise Arcont-&	Md. 21093. 8205 White Manor E APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATM
		DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) Pancreati	ENCE OF		,
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO S	DEATH BUT NOT RELATED TO THE	20g AUTÓPSÝ?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YES NOXX	YES NO NO NITEM 18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOW	n COUNTY STATE
	non a set of a set of the fact	the state of the s	2 1 1 70	or Santambe	N 21 0 0 1 V

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in XX (our) opinion death occurred on the date and how and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

9000 Franklin Sq., Dr., 21237

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

9/25/85

Lorraine Park Cem. - Woodlawn-Baltimore. Md.

24 FUNERAL DIRECTOR Sterling Funeral Estate, P.A. 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE 736 Edmondson Ave., Catonsville, Nd. 21228 SEP 24 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as with the State Dept of Health

MPORTANT

8

8 (1 ()) The state of the s weather terms of the transmission were attended on a single of the first of the fir Olympia I. Oysharida Luthers Hid Street Leather Street Line and Street Line and the str merical commence the commence of the commence 250 Martin Control of the control of

6500 York Rd.

MITCHELL-WIEDEFELD HOME. INC.

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

101	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	2 4	5	5 3		
40.5		CEASED NAME FIRST	WIDDLE	i i	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR		
to de	,,,,,	RAE		MOU	NT	SUNDAY, SI	EPT. 15,	1985	9:50 AM		
e de la companya de l	3 SEX		4 RACE	5 DATE (6. AGE (IN YEARS LAST BIRTI	HDAY) IF UND	DAYS	IF UNDER 24 HRS		
o si	F	EMALE	WHITE	NO	V. 23,1894	90	YRS.		,,,,,,		
P 28		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF		EATH			
		IARY LAND	USA	WIDOWE	DIVORCED	BALTIMORE (COUNTY		MD.		
no n	F	YOR TOWN OF DEATH VIKESVILLE	MILFORD MANOR	NURS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) IN	DUSTRY	HOME		
3	13a. S	AL RESIDENCE (15 NURSING HOME OF TATE 136 COULT ARYLAND	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW BALT IM	N	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 2601 MADIS	ZIP CODE SON AVE.	#2]	1217		
6	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST			
290	1	BARNETT	FREEDMAN		ESTHER		MONTFIZ				
die /			VE WAR OR DATES)			GERSON FREE					
E		NO	219-20-		6700 PARK	HTS. AVE.	BALTO.,		21215		
removol			nly one couse per line for (a), (b), and (b) are CAUSE (a)	1 Die	socopio de	ryano	20	BETWEEN	MATE INTERVAL DNSET AND DEATH		
ease remove car ol, cremotion, or ir ather traumoti		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	0/1/2	with C	AF					
uny, o	z	PART 2 OTHER SIGNIFICANT	RT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
in 7	TIO	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	- (/	200 AUTOPSY?	206. IF YES, WER	E EINIDIN	CCHEED		
50	CERTIFICATION			OFERATIO		YES NO X	IN CERTIFYING YES	CAUSES			
HA B		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OI	RPART 2)			
hent.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	THE LOCATION						
sed or	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I	ARM ETC)	21f LOCATION STREET	CITY OR TOV	wn cc	YTAUC	STATE		
alth			ital) attended the diceased from	87	36 10 8	9/1	100	5	hat (l) Ave Det		
of He 21 is			view the body after death.		nd that in (my) our) goinian	deoth occurred on the do	te and hour and t	rom the d	causes stoted		
F ttem		22b. SIGNATURE	P P Ho	M	DEGREE ATTENDING	MEDICAL STAF	F	C. DATE S			
A A	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN [DIRECTOR PHYSIC	IAN	9/	15-85		
WPORT		NAOMI	CUTLER; M.D.			LANE BALTIN	MORE., MI	0.(2	1215)		
4 4 4 4	23o. B	URIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					

DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAL

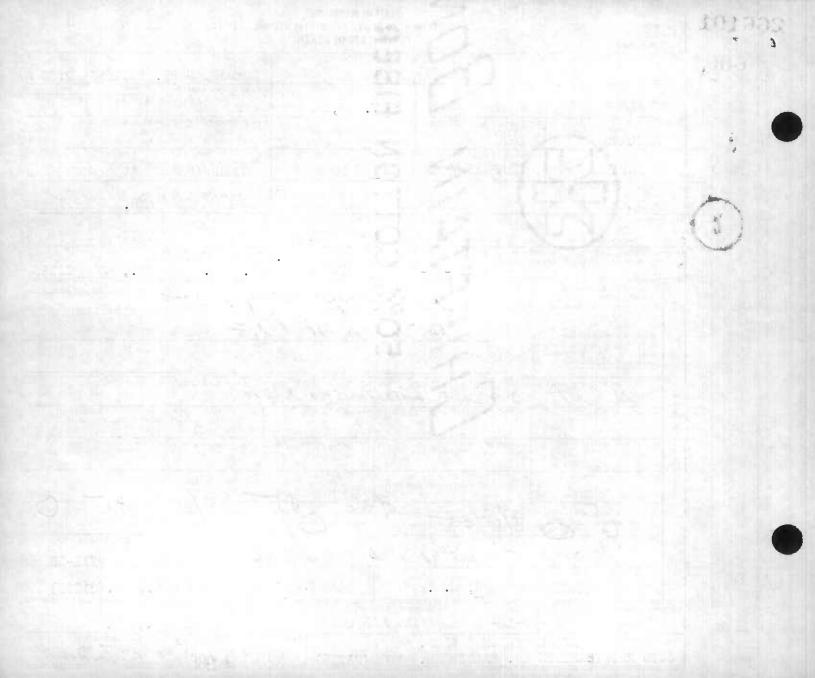
74 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE., MD

9-18-85

BALTIMORE HEBREW

BALTIMORE., MD.

STATE



	1	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 5	2	4 5	5 0
26600	7 I. D	ECEASED NAME FIRST		WIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
200		Helene		М.	Mı	uessig	Septembe		1985	6:50A
1 4	15	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	
ge 4	F	emale	Caucas	ian		6-1889	96	YRS.	MONTHS DATS	NOOKS MILE
2 42 61	1/2	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
4 3 E 2	/ G	ermany	USA		WIDOWE		Baltimo	re Co	uin t v	N
1 1 2		TITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	TION	125 KIND	OF BUSINESS O
5 17	41	ochearn		rg Luthera		mα	Seamstres			ired
3 5 3	J. USI	JAL RESIDENCE (IF NURSING TOME	OR OTHER INSTITUTION	N GIVE RESIDENCE BEFORE	ADMISSION)					TIEU
7 98 1	Auril	aryland Natico	UNIY	Baltimo		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			1220
1/21/19		ATHER'S NAME] baltimo	re	15. MOTHER'S MAIDEN NA	404 North	Benc	I Rd.	21229
1 1	20	The said	WIDDLE	LAST		FIRST	MIDDLE			AST
I P	1160	Paul WAS DECEASED EVER IN U.S.	Louis	Muche 16b SOCIAL SECU	PITY NO	Pauline 17. INFORMANT Rolt	• ADDI	RESS	Adan	*
1 1	7	(YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)			Balt	imore	ML		
2 62 0	-	No		215-30-2	2427	Augsburg Lut	heran Home	6811		eld Rd.
that the death certi- by the attending p inserement corbon of cremation or rem rights trautmatic eve		Conditions, if ony, which gove rise to immediate couse lost, stating the underlying couse lost	(b)_	DR AS A CONSEQUE		- FAILUR				
4 Per 6	-	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE ORICO	VDITION G	IVEN IN PART I	10
幸 できる美	9	CONGESTIVI	= He	ART FA	16UR	E. AWAEM	11年1 日当	PER	ENSU	<u> </u>
The last	THEATION	90 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE YES []	
CLAN.	AL CEI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 16	PART OR PART 2)	
others of the burn hand Med or I	MEDI	21d INJURY OCCURRED		OF INJURY TREET, FACTORY OFFICE FA	ARM ETC)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
TTENDIA patal or TOR, Al for use of of Health		22a L certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did)	0.0	10		nd that in (my) (aur) opinion	, to death accurred on the	dote and he		, that (I) (we) lo
A TO SEE THE		771 TIC NATURE	Not view the boo	y oner death.		DEGREE			22c DAT	ESIGNED
TAL D Sy the SAL D detoc finite D	,	Jagneem	Jal	hami			DIRECTOR PHYS	AFF ICIAN	9/	16/85
d Se d	/	224 PHYSICIAN'S NAME (TY	1			22e ADDRESS				

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DA 10005 Fine January American Am 8728 Liberty Rd. Randallstown, MD 21133

9-19-85

23c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery Baltimore

City MD

236 LOCATION

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6-	4	3	3	1
				1

1	ALCOHOLD BY	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

		REGISTRAR						REG.	NO.		
A		CEASED NAME FIRST FI	RANK	A.	10.0	MURPHY, SR	2.	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		FRANK	A	A STATE	Mu	RAHY			1-2	8-87	11.10 K
1	3. SE>	10-1	4. RACE	7 . 1	5 DATE C		6.	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
		Male	wh	ite.	MONTH	4 16	2	68	YRS		MIN,
		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	0 0 1	BALTIMORE CITY	OR COUN	TY OF DEATH	
2		cyland	U	()	WIDOWE			Baltimor			MD
7	10 CT	TY OR TOWN OF DEATH		OSPITAL, NURS		OR OTHER INSTITUTION		O. USUAL OCCUPATIVE OF WORK FOR MOS			OF BUSINESS OR
		Powers	51.0	Josep	ht	tosp.		luction C			
	13a. S	LAUSTDENCE (IF NURSING HOME OR STATE 136 COUN		GIVE RESIDENCE BEIC		13d. INSIDE CITY LIMIT	TS? 113	e STREET ADDRES	S / ZIP CO	DE 21	204
ß	мал	ryland Balt:	imore	Towson		YES NO		46 Acorn			302
1		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NNAME	WIDDLE		LA	cv
0	Тет	rance	J.	Murph	v	Anna		MIDDLE		Rya	
	Ido V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC		17 INFORMANT		ADI	PRESS		
	No	YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	705-12	345	Dorothy M	M. Mr	rphy - S	ame a	s #13e	
		18 CAUSE OF DEATH (Enter on	ly one couse per	ine for (a), (b) o	and Icil A	DOLOGIA	A	- Past	canco ca		KIMATE INTERVAL
		PART I. DEATH WAS CAUSEI		vent	Vitula	IN ANNI	thin	unt o			
		IMMEDIAI		16 1 CONSTO	UENCE OF						
		Conditions, if ony, which	((b)	AS A CONSEO	Acite	2					
		gove rise to immediate couse (0), stating the	DUE TO 00		Auctor	THE WATER		-		H 1000	
		underlying cause lost	1000	AS A CONSEQU	rid no	es failer	11.			-	
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	OT REAL TO THE	TERMINA	AL DISEASE OR CO	NDITION (GIVEN IN PART 1	10
	NO O										
7	AT	190 DATE OF OPERATION	196 CONDIT	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?			S, WERE FINDINGS USED TYING CAUSES OF DEATH?	
7	TE							YES NO	NO [
7	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF		DAY VEAD	21c HOW INJURY OC	CCURRED	(ENTER NATURE OF	JURY IN ITEM	8 PART I OR PART 2)	
1											
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY 211. LOCATION							COUNTY	STATE
	E	WHILE NOT WHILE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN									31414
		220 1 certify that (I) (this hospit	tol) ottended the	deceased from		, 19	200	, to	101110	. 19	that (It (we) lost
		sow the deceased alive on	t view the body o	My death.	, or	nd that in (my) (our) opi	inion dec	oth occurred on the	dote and h	our and from the	couses stated
		THE SIGNATURE P.	1			DEGREE	n di			22c DATE	SONED
1		a. 1. 1/l	colv.			ATTENDIN PHYSICIA		MEDICAL S	SICIAN	91	2495
1		124 PHYSICIAN'S NAME TIME	e renelly	7017.0		22e ADDRESS	N. A.			1	
		L. K. Peredr				St. Joseph	h's F	Hospital	- Oc1	er Dr	- 21204
_	22- 0	UDIAL COSMAZIONI OSMOVAL	Tool DATE	122	NIAME OF C	CHETCON OR COCHAIN	000	1224 LOCATION	031	- 1/1 g	21203

ADDRE 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

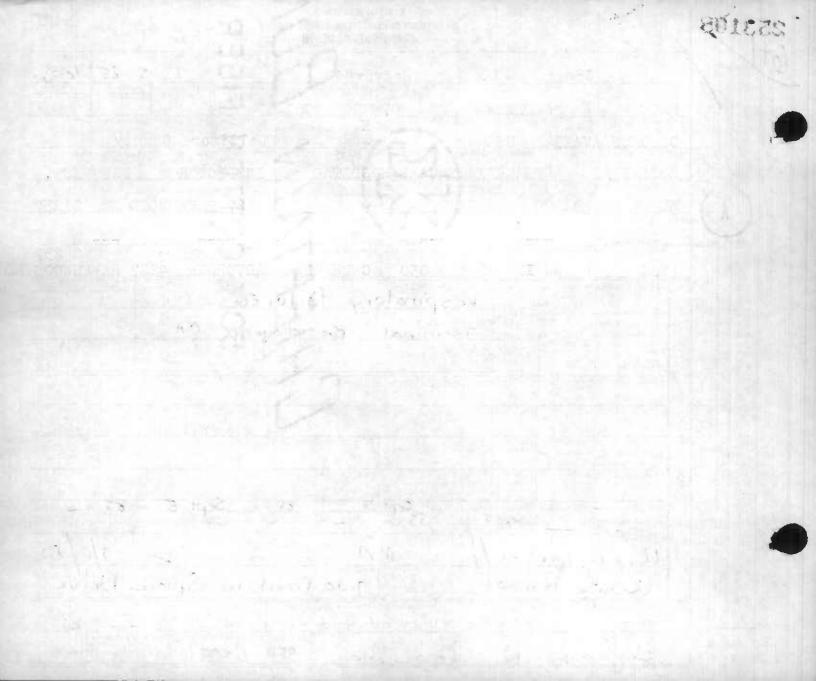
Gardens of Faith

CITY OR TOWN

COUNTY STATE

SAN SERVICE CONTRACT OF STREET A STATE OF THE STA

DIVISION OF VITAL RECORDS, 201



•	ooth. Page 4 may	Sheer of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Poult offer death Page 4 mick etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill at in by the fundation direct. Should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be trial entitle in the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages I and 2 should be trial entitled by giving prior to buriol, cremation, ar removal.

				STATE OF MARYLAND		
053	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 4 5 5 4
- = 0		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
33		GERALDI	NE S.	NAFNY	9	21 85 6 PM
-	3 SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DATE HOURS MIN.
1		FEMALE.	WHITE	1 06 29	56	YRS DATS HOURS MIN.
0	30 B	RTHPLACE (STATE OF FOREIGN	The CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
1	Ri	chmond, Va.	USA	WIDOWED DIVORCED	RAI TIMORE	COLINTY MD.
1	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
36	1	TOWSON	GREATER BALTIM	ORF MEDICAL CENTER	Housewife	own home
20		AL RESIDENCE (IF NURSING HOME STATE 136 COL			13e.STREET ADDRESS / ZII	P CODE
2			imore Towson	YES X NO	1409 Berwi	
3	IA)F	ATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA		TAST
X	1	Cregh	B. Sau	nders Gerald	dine	Adams
/		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	Towson, Md 21204
		No		1555 Robert B. N	laeny 1409	Berwick Rd.
		IS CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b) a	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (a) DIFFUSE	HISTIOCYTIC LYMPHO	MA.	
potic			DUE TO, OR AS A CONSEOU	IENCE OF		
roum		Conditions, if any, which gave rise to immediate	(b)			
one		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF		
0 0			(c)			
lory.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITI	ON GIVEN IN PART I to
-	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20	IL IF YES, WERE FINDINGS USED
1	I E				YES NO NO	YES \ NO \
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
1		OR CONTRIBUTING CAUSE OF D		PAY YEAR		
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE	FARM ETC) STREET	CITORIOWN	COUNTY STATE
		V	pital) attended the deceased fram.	9-15- 19-85		, 19.85 , that (1: (X e) last
		saw the deceased alive of	on 0_01 19 S	ond that in (my) (X)r) apinion	death accurred on the date of	and hour and Iram the causes stated
		UN SIGNATURE	V V	DEGREE		22c. DATE SIGNED
/		David 1	Donter	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	x 9-21-85
1	1	22d. PHYSICIAN'S NAME (TYPE	OR PRIMIT	22e ADDRESS		
		DAVID PORTE	R M.D.	GBMC 6701 N.	CHARLES STRE	FT. 21204
1	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		Cremation	9-23-1985	Green Moutht	Baltimore	
7/84		UNERAL DIRECTOR	ADDRESS.		E REC'D. BY REGISTRAR 25b.	
	上	enry W.Jenki	ins &Sons 4905°	York Rd.	SEP 23 1995	La Davidson Bondon
					1000	

CHU895 TO SECURE ON THE SECURE OF THE SECURE OF THE SECURE OF THE SECURITY OF THE SEC ב מונים מווים ביות מכתום English of your engine of a rough to work to with the second Coach S. Sugnant Geraldra e de la company "I COS-10.5 C--- Nount Cattlenge Callender Hanny M. Janies Come 4405 York Edit ... Established State ...

FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	KEOIJIKAK					REG. N	O.	1000		
	CEASED NAME FIRST		WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY YEAR	21 HOUR 2:25p		
	James		Nally			September		M		
7.58	Ma In	4 RACE		5. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	HOURS MIN.		
1	IRTHPLACE ASTATE OR SOREIGN	Whi	-	0-	13-1412	73	YRS			
0	COUNTRY	16 CITIZEN OF	WHAT COUNTRY?	MARRIE	DE NEVER MARRIED	Baltimore	COUNTY OF DEATH			
100	ITY OR TOWN OF DEATH	U.J.	HOSPITAL NILIPSIN	WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUPAT		MD.		
1	Essex	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	Hospital	Type of work for most of U.S. Army	OF WORKING LIFE INDUSTRY	of Business or		
	AL RESIDENCE (IF NURS STATE)		130 CITY OR TOW		13d INSIDE CITY LIMITS? YES NOX	13. STREET ADDRESS 3 Box		9999		
V	homas Nally	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	erine Winte	nbottom 26 3 Box 264	\$1		
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	4. 3 Box 264	A		
9	PYES NO OR UNKNOWN) [IF YES GIV	-61	212-18-9	928	Mrs. Esther	5. Nally Ly	nchbura Va.	- 24504		
CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 199. DATE OF OPERATION 199. DATE OF OPERATION DUE TO, OR AS A CONSECTION (c) DUE TO, OR AS A CONSECTION (D) Chronic DUE TO, OR AS A CONSECTION (D) Chronic (c) 190. CONDITION FOR WHICE			NCE OF	and the last	St INAL DISEASE OR CON 200 AUTOPSY?	DITION GIVEN IN PART I	NGS USED S OF DEATH?		
ERT	210. ACCIDENT WAS UNDERLYING	YING 1216. TIME OF INJURY			1214 HOW IN JURY OCCURS	YES NOXX YES NO				
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA			THE TENTER MATURE OF INJURY IN TEM 18 PART TORPART ()				
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		M. OF INJURY	211, LOCATION						
A	WHILE NOT WHILE	LAT HOME ST	REET, FACTORY OFFICE, F.	ARM ETC 1	STREET	CITY OR TO	OUNIY COUNIY	STATE		
	220.1 certify that () ((this hospital) attended the deceased from September 18 19 85 to September 28 19 85 that (we) loss with the deceased alive an September 28 19 85 and that in the (aur) opinion death accurred on the date and hour and from the causes stated above. (I) (we) (did) (alid not) were the body after death.									
	276 SIGNATURE	K F	Samuel	+	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF . 9	28/85		
	224 PHYSICIAN'S NAME TYPE O				22e ADDRESS	in Courses T	mive 21237	1		
	Wendy K.				9000 Frankl					
23a	BURIAL, CREMATION, REMOVAL ISPECTY) Burial	23b DATE	CHECK THE PERSON		EMETERY OR CREMATORY	Batto.	And COUNTY	STATE		
	Durial	10-2-	75 Vh	riat 1	Lutharan Cam	2000	1.00			

DHMH - 16 60M 7/84

DIVISION OF VITAL RECORDS, 201

(VRA 15, 4)

John (. Miller Inc. 6415 Belath Rd. -21206

OCT 3 1985 registrar's signature

280138 from his vessors consisted the term him heritand Eddes 1. 100 WEEK TO \$ 2 . TO 2 Temes which continue the continue that we will be a fine continue of the conti in order with the state of the state of

4404	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 5	2 4 3 0
deg sh 3		CEASED NAME FIRST Robe	ct J.	NETIBECK	20 DATE OF DEATH MONTH	DAY YEAR 25. HOUR 2:15 A
ctor. page s ofter dear	3. SE		1 RACE	S. DATE OF BIRTH MONTH DAY YEAR 1.5	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 H MONTHS DAYS HOURS M
	7a BI	RTHPLACE ISTATE OR FOREIGN COUNTRY!	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	
s ofter o	B	ALTIMORE	ST. JOSEPH	HOSPITAL	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS INDUSTRY GENERAL MORE
no 24 hou	130 3	TATEMD. 138A	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY LTO.CO 13t. CITY OR TO LTO.CO PARE	WILL YES NO NO	3045 EAST	CODE AUE - 2/23
with with	1	CHARLES .	J. NEUE	BECK ELISZA	BETH MIDDLE	TEWEY
on ond 3. Poges e medic	16a V		RMED FORCES? 166 SOCIAL SEC IVE WAR OB GATEST 2/6-0/	1 111	THY RECOR	
g physics sonpoper removal.		PART I DE ATH WAS CAUS	only one cause per line far (0), (b), of ED BY: ATE CAUSE (a)	1 1 1	the colon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
death co		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEO	Smell Smell	bowl obstru	ntii
d by the lease remial, cremial, or other t		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO			
requires een signe it. Then p for to bur by injury, a	CATION	BYSKE PSY		D DEATH BUT NOT RELATED TO THE TER		
vysician cote has be consit permit Hygiene prim B shows on	CERTIFICA	JUNE 83	- Ca sigmo		YES NO NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
SICIA ng ph certifi unial-tr kental hem	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEN	A 18 PART I OR PART 2)
JING PHY or attends After this e as the bi sith and M norked or	MEC	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E, FARM. ETC) STREET	CITY OR TOWN	COUNTY STATE
aspital ospital ospita		saw the deceased alive a	oital) attended the deceased from n 2 19. ot) view the bady after death.		n death occurred on the date and	that (i) (we) have and from the causes stated
HOSPITAL OR hined by the h FUNERAL DIR hid be detached the State Dep		DR - C. K	IM/ Coopera	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 6 31.60
retained by TO FUNERAL should be de with the Start	12- 6	DR. C. K	1m/		Introduction	
BP	1	SURIAL	SEPT 23,4850	NAME OF CEMETERY OF CREMATORY ULANEY VALLEY CE	7. TIMONIUM	1 BALTO.CO. PA
DHMH - 16 60M 7/84	E	VANC FUNERAL	-CHADEL X800	MARFORD ICD. 130 D	EP 2 7 1985	Carridon Allerdalle

STATE OF MARYLAND

The state of the s

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1		REGISTRAR				2777		111111111111111111111111111111111111111	REG. N	0.				
		EASED NAME	FIRST	N	MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
	(ITPE O	R PRINT	DAVID	FR	EDERICK	NEV	VHOUSE		A	09	04	185	10:10	A.
	3. SEX			4 RACE		5 DATE C	F BIRTH		6 AGE (IN YEARS LAST BI	(YADHTS		ER I YEAR	IF UNDER 24	-
	1	MALE		Whi	te	09	03	^{\fr} 85		YRS	MONTHS	DAYS	29	MIN.
		THPLACE (STATE O	R FOREIGN	76 CITIZEN OF V	WHAT COUNT	RY? 8	D NEVER	MARRIED X	9 BALTIMORE CITY				11793	
		MD			JSA	WIDOWE	D D	IVORCED [BALTIMORE					MD
1	10 CITY	Y OR TOWN OF DI	EATH	11. NAME OF H	H FACILITY GIVE ST	REET ADDRESS)			120 USUAL OCCUPAT				F BUSINES	SOR
2	4	TOWSON RESIDENCE (IF NU		GREATER			JICAL C	ENTER	None			No	one	
	13a ST	ATE	13 COUN		13c. CITY OR T	OWN	13d INSIDE	ITY LIMITS?	13e STREET ADDRESS					
		MD			Balt	0.	YES 🔀	NO []		and /	Aver	nue,	2121	10
И	14 FATI	HER'S NAME FIRST	A	AIDDLE	LAST		15 MOTHER	S MAIDEN NAM	WE			LAS	T	
U		Paul		Nev	whouse		S	usan	MISSES AND	199	V M	abe	2	
7		AS DECEASED EVE		WAR OR DATES)	166 SOCIALS	ECURITY NO.	17 INFORMA	ANT	ADDR	ESS				
1		None Paul Newhouse, Sam										-	3.0	
1	1	8 CAUSE OF DEA											IMATE INTERVA	AL
1		PART I. DEATH		E CAUSE (a)	RESPIRA	ATORY F	AILURE					29	HOURS	
1				DUF TO, OF	R AS A CONSE	OUENCE OF						4		
1		Canditions, if an		(ıb)	EXTREMI	PREMA	TURITY					29	HOURS	
1		gave rise to in cause (a), stat		DUE TO OF	R AS A CONSE	OUENCE OF							C. A.	
1		underlying cau	se last.	((c)	RESPIRA	ATORY D	ISTRESS	S SYNDRO	OME			29	HOURS	
١	- F	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	o V	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, V IN CERTIFY IN YES IN OX YES IN CERTIFY IN YES.												
)	CAT	90 DATE OF OPER	ATION	19b. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFO	20b. IF Y	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?					
	#								YES NO X YES T				NO [•
V		21a. ACCIDENT WAS U		21b. TIME OF	FINJURY M. MONTH	DAY VEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	B PART TO	R PART 2}		
	3	OR CONTRIBUTING		115		19								
1	MEDICAL	11 INJURY OCCU	RRED	21e PLACE C			211 LOCATI		CITY OR TO	IAWC	CI	DUNTY	STA	16
9		NOT NOT	WHILE ORK	(AT HOME STR	EET, FACTORY, OFF	ICE, FARM, ETC.)	ZIKEE		CITYON	,,,,,		,,,,,	318	1.0
ı	2	22a. certify that ((this haspit	of attended the	e deceased fro	9/3		. 19_85			. 19_	85	that (I (we	1661
1				9/4 wew_the body		85	nd that in (my	aur opinian o	death accurred an the d	ate and h	aur and	fram the	causes state	ed
	7	226. SIGNATURE	1) 0	. /	- 1.	_	DEGREE			7.7	2	2c. DATE	SIGNED	
ļ		0.	17 0	Mour	Ky M	0		ATTENDING PHYSICIAN TO	MEDICAL STA			9/	4/85	5
	7	224 PHYSICIAN'S	VAME (TYPE OR	PRINT			22e ADDRES	SS				1	1	
		GARY I	KARLOW	ICZ, M.D).		GBMC .	6701	N. CHARLES	STRE	ET 2	1204		
		IRIAL, CREMATION	N, REMOVAL	23b DATE		3c NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUR	NT W	. STA	16
u	C	Prematic	on	9/5/8	85	Green	Moun	t	Balto.	,	COUR	V	AD STA	IE.

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road Balto., MD

24 FUNERAL DIRECTOR Henry W. Jenkins Some Sons Co. 21212

Green Mount

Balto., 250. DATE REC'D. BY REGISTRAR 2511 REGISTRAR'S SIGNATURE SEP

SEP 6

MD

esting | Entro. TOTAL STATES SEUTHWEIN Paul Newhouses, Crawatter Calle II Gross Mount Elliber. hearty W. Jennine & Some Co. 21212 York Road Balto. . Name 21212

CERTIFICATION

MEDICAL

DIVISION OF VITAL RECORDS

BP
DHMH - 16 60M 7/84
(VRA 15, 4)

O FUNERAL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT ROSE MARTE NOLAND SEPTEMBER 30, 1985 3:00 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) NOV. 11, 1902 FEMALE WHITE 82 10 BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWEDX BALTIMORE COUNTY DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE FED. GOV'T. DUNDALK USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE DUNDALK 13d. INSIDE CITY LIMITS? STREET ADDRESS / ZIP CODE 100 DUNDALK AVENUE BALTIMORE 21222 MARYLAND 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME CHARLES THOMAS ARRIE MIDDLE GANTZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LESLIE M. NOLAND NO OR UNKNOWN LIE YES GIVE WAR OR DATEST 218.12.4267 618 GLENVIEW AVE., GLEN BURNIE, 2106 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY PATICINIUFFICIENCY AS A CONSEQUENCE OF ETASTASIS. TO THE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF ANCER COLONIC

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
			YES NO	YES	NO 🗌		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	SIC HOW INJURY OCCU	(1 2)				
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	NOT WHILE TO THE STREET, FACTORY, OFFICE FARM, ETC)		CITY OR TO	wn coun	TY STATE		

sow the deceased alive on _ opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bade attractionth 226. SIGNATURE DEGREE 22c. DATE SIGNED 10/3/1985 MEDICAL ATTENDING STAFF no PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS J.M. NIEHOFF, M.D.

6800 MORNINGTON RD., DUNDALK, MD. 21222

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIE

23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION MARYLAND 10/3/1985 CREMATION GREEN MOUNT CREMATORY BALTIMORE

24 FUNERAL DIRECTOR WALTER BROOKS BRADLEY INC., DUNDALK MD. 21222

ie Drugdson-Randalle

- STATE REGISTRAR DECEASED NAME (TYPE OF PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.												
September	26,	1985	YE AR									

	1
26 HOUR	5Δ

	Kwan
	3. SEX
	Female
1	70. BIRTHPLACE (STATE OR FOREIGN
1	Korea
0	10 CITY OR TOWN OF DEATH
/	Rossville

4 RACE Korean 76 CITIZEN OF WHAT COUNTRY?

Korea

Cha

5. DATE OF BIRTH MONTH 1935 Mav MARRIED X NEVER MARRIED

50 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County

TYPE OF WORK FOR MOST OF WORKING LIFE!

Housewife

6 AGE (IN YEARS LAST BIRTHDAY)

WIDOWED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

YES T

120 USUAL OCCUPATION 126 KIND OF BUSINESS OR

Rossville

FIRST

Kwang

Franklin Square Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a, STATE
113b, COLINTY
13a, CTX

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Baltimore Perry Hall

13d. INSIDE CITY LIMITS?

13e.STREET ADDRESS / ZIP CODE 21236 23 Slavin Ct.

Maryland 4 FATHER'S NAME

MIDDLE Yun

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)
PART I. DEATH WAS CAUSED BY:
Respiratory

IMMEDIATE CAUSE (0)

Kona 16h SOCIAL SECURITY NO. 15 MOTHER'S MAIDEN NAME FIRST

Respiratory Arrest, Pulmonary Tuberculosis

MIDDLE LAST Kong

Seok 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)

(IF YES GIVE WAR OR DATES)

ADDRESS

INDUSTRY

Homemaker

APPROXIMATE INTERVAL

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

Dehvaration

Matnutrition

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 190 DATE OF OPERATION

MEDICAL

710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

sow the deceased alive on September 26

HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

NOX 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2

20a AUTOPSY?

20h. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

21d INJURY OCCURRED NOT WHILE

STREET I AT HOME STREET FACTORY OFFICE FARM ETC 1 September 220 I certify that (this hospital) attended the deceased from.

September

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

NO [

226. SIGNATURE

DEGREE

ATTENDING DIRECTOR PHYSICIAN

220 PHYSICIAN NAME VYE OR PRINT Gregory Ross, MD

21f. LOCATION

9000 Franklin Square Drive, 21237

DHMH - 16 60M 7/84 (VRA 15, 4)

Dep

MPORTANT

230 BURIAL, CREMATION, REMOVAL (SPECIF Burial

23c NAME OF CEMETERY OR CREMATORY 23b DATE Sept 28,1985 Dulaney Valley Cemeter

Baltimore Md.

Padonjangs 10 Clary Bryan

1985 Julia Davidson Mindage

- STATE

TYPE OR PRINT!

REGISTRAR . DECEASED NAME

FEMALE

BIRTHPLACE (STATE OR FOREIGN

Maryland

FIRST

MARY

4 RACE

WHITE

H.

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

U.S.A.

STATE	0F	MARYLA	IND

O'BRIEN

S DATE OF BIRTH

10

WIDOWED

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

20

MARRIED NEVER MARRIED

DIVORCED

ITAL HYG TH	SIENE B	3	6.	Carry.	2		7						
	2a. DATE OF	REG. I	MONTH	DAY	YEAR	2b HOL	JR .						
			09	06	85	455P							
	6. AGE (INY	EARS LAST B	RTHDAY)		RIYEAR	IF UNDER	24 HRS						
14	7	0	YRS.	MONTHS	DAYS	HOURS	MIN,						
RIED 🗆	9. BALTIMORE CITY OR COUNTY OF DEATH												
TION	120. USUAL	OCCUPA K FOR MOST	TION OF WORKING L	126 KIND OF BUSINESS OR									
	Hom	nemak	er	Home									
LIMITS?	102 I	ADDRESS inde	n Teri	race	- 2	1204							
AIDEN NA	ME	MIDDLE			LAS.								

1	DALLIL			JUSEPH HUS	5P1	IAL	nomemake	ET.	Home			
	USUAL RESIDEN 130 STATE Maryl	13b. (ME OR OTHER INSTITUTION COUNTY Balto.	13c. CITY OR TOWN TOWSON		13d. INSIDE CITY LIMITS? YES NO	102 Linder	ZIP CODE	ce - 21204			
	FATHER'S NA	harles	MIDDLE W.	Beall, Sr.		IS MOTHER'S MAIDEN NA Clara	E . MIDDLE	Cou	ırsey			
	160 WAS DECEA		S. ARMED FORCES? ES, GIVE WAR OR DATES)	212-26-955		Mr. J. Keit	ADDR h OBrien-		s 13e			
	18 CAUSE PART I.	DEATH WAS C	er only one couse per AUSED BY EDIATE CAUSE 10)	CVA	11				APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	gove ris	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										
	RTIFICATION	OF OPERATION	19b COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		/ERE FINDINGS USED IG CAUSES OF DEATH?			
1	210 ACCIDE	NT WAS UNDERLYING CAUSE	OF DEATH HOUR A.	OF INJURY M. MONTH DAY M.	YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	OR PART 2)			
	UF EITHER 21d INJUR WHILE AT WORK	Y OCCURRED	21e PLACE {AT HOME STI	OF INJURY 211 LOCATION STREET STREET			CITY OR TO	OWN	COUNTY STATE			
	22s. L certi	fy that (1) (this	hospital) attended th	e eceosed from		. 19_8-/			os thot (1) (we) lo			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If he

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc.

Burial

sow the deceased alive obove, (1) (we) (did) (a

22b. SIGNATURE

22d PHYSICIAN

230 BURIAL, CREMAT

(SPECIFY)

9/10/85

23c NAME OF CEMETERY OR CREMATORY Moreland Memorial Pk.

22e ADDRES

DEGREE

PHYSICIAN

Balto.

MEDICAL STAFF
DIRECTOR PHYSICIAN

my (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

220 DATE SIGNED

21204 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1050 York Rd.

rason-Randale

MdAIL

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estroù	ord), dv. two.dlan	(main)	
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	A 25 Day		
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	. Inc. 1954 You'vest 2d.	a of the notice of the	

	1	FOR - STATE							AND MENTAL			600	4	5 6	0
254034		REGISTRA	AR		ME	DICAL	EXAMINI	ER'S C	ERTIFICATE	OF DEA	TH	REG. N	10.	Alece in	1
23400		DECEASED N	AME	FIRST		MIDDLE			LAST		OF DATE	NOWN	MONTH	DAY YEAR	2b. HOUR
2 8 8 8 E		, the Oki kurij		John		Jose	ph	0	'Keefe		DEATH	MATED [9	7 1985	
DIRECTOR. OUR FILES: 77 HOURS	3	SEX	4 RACE	5.1	DATE OF BIRTH	YEAR	6. AGE (IN YEAR	RS IF UN	DER 1 YR. IF UNDE		2c DATE	cen	нтиом	DAY YEAR	2d HOU
N Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	. 1	Male	Cau		9 26	53	31 YR	· Mortin	S DAYS HOURS	MIN	PRONOUN	CED	9	7 1985	9:50
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品品の音楽	0/	FOREIGN COUNTY	W York		USA		1.3	WIDOW			Da.	l+im	re Co	intr	
N SE S	2 10	e	WN OF DEATH		NAME OF HO				ER INSTITUTION	12e USU	AL OCCUP	ATION (TY		126 KIND OF B	USINESS
多言な言語	75	Face	132	1	(IF NOT IN SUCH F.	e Cre				Sal	es r	ING LIFE)	130	OR INDUS Engine	
DE SON			NCE (IF IN NUMBER		HER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSIO						-	21787	CLIII
58498	5/5/13	STATE	N	Carr	2011		ORTOWN		13d. INSIDE CITY LIMITS? YES IN O	13e STRE	ET ADDRES	Bal+		e St.	
NIP W	4	FATHER'S N				1 1 at	eytow	0	IS. MOTHER'S MAIL		. 11 .	Dar	LIIIOI	c 56.	
是影	60	John			seph	O'Ke	LAST	Sr.	Doro			DDTE	7.0	LAST	
200	01/6		ASED EVER IN		A		IAL SECURITY		17. INFORMANT	шу	- 1-	ADDRES		inerea	l .
B. GIVE PAGE WITH FORM IT. PAGES 1 DIVISION	1	YES, NO, OR U	NKNOWN) (I	FYES, GIVE WAR	OR DATES)		-60-49		Bonnie	O'Ke	efe	, 100 WEG	13e		
PA	1			na	1.			952	- 01/1/20		-				
ASIT PERMIT.		18 CAU	I DEATH WAS	CALISED BY	ne cause per line				0. 13					BETWEEN ONS	TE INTERVAL ET AND DEATH
SER CEN	JE I	191	00 1	MMEDIATE C	AUSE (a) C				rauma						
N A STA	Ó	11	100		DUE TO, OF	R AS A CON	ISEQUENCE O	F	A						
NCIL IN AINER A TRANSIT	OR REMOVAL		ditions, if any e rise to im		(b)										
5 . 1			se (a) stating th a cause last.	e under-	DUE TO, OF	R AS A CON	ISEQUENCE O	F							
IN PENCIL LEXAMINER JRIAL - TRAN ND MENTAL	O		,		(c)				IV. BL				Janes,	1.0	
8 m 4	\$		HER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN P	ART I (o).					
USED AS A E	CRE	19a. DAT													
出	7	19a. DAT	E OF OPERATI	ON	196 COND	ITION FOR	WHICH OPERA	ATION W	AS PERFORMED?					20 AUTOPS	(?
SI CIS	PRIOR TO BURIAL,													YESX	NO 🗌
EN	0	21a EXT	ERNAL CAUSE		21b. TIME O		DAY YEAR	21c. HC	W INJURY OCCUR	ED LENTER N	IATURE OF INJI	JRY IN ITEM 1	B PART I OR PA	RT 2)	
SHOULD	8	UNDERL	YING XOR BUTING CA				7 85	W	ater skie	r str	ick by	z boa	t. pro	peller	
3 SH DEPA	ě.	21d INJU	JRY OCCURRE	D	21e PLACE	OF INJURY	(AT HOME	211 LOC	ATION						- 7 - 7
GE 3 SI	,21201	¥ WHILE	RK NOT W		Wat	AT PARM, E	TC }		dee Creek		Essex		R	altimor	e MD
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TOR:	MARMAND	220. [certify that I to	of all less the	the remains de	//	Acres ()	Autaps	y X, Inspecti	an L.	Inquiry	LJ °	nd in my ap	oman	
	E /2	death r	esulted from	nytofuját c	auses L.	Ardidena	1	ide L.	Hamicide	Undete	ermined ma	nner			
3	A A	ACTUAL	7	1100	1 en/a	114	11. VI		TITLE (SPECIFY)				DATE	0.10.1	0.5
Z H	W /2	SIGNAT		140	MALL	11	MEN	M	acting Ch	<u>let</u> MEDI	CALEXAM	INER	SIGNE	9/8/	85
PAGE 4 SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH	Q /	EXAMIN	ER'S NAME	mb	omac D	Const ±1	h M D		111	Donn	CH	Dal+	o MD		
AFTER A	E/1	(TYPE OF	RPRINT)		omas D.				ADDRESS	Penn		Ddlt	o.MD.		
FA	co 23	BURIAL, CR	EMATION, REA				NAME OF CEM			CITY	CATION		COUP		STATE
			ation	9	, , , , ,			Cre	mation	Han		ad C	arro	11 MI	
HMH - 17	7	I. FUNERAL D		412		gton	Road				REGISTRA	1.0		Randal	
A15 ME	(5)) F	ober	c K. P	ritts	s, Sr.	, Wes	tmins	ter,	Md. SEF	9	1985	Julia	Davidson	V-Mayara	

STATE OF MARYLAND

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	D		
1		OR PRINT)	FIRST	Virginia	MIDDLE	0	AST AST	20 DATE OF			DAY YEAR	2b HOUR
1	3 SEX	Rev	ď	4 RACE	er .	5. DATE C	velgone	Septe			1985	5:59a M
1	3 SEX	Female		White	e		v. 28, 1911	73	ARI LEAJ ENA	YRS	MONTHS DAYS	MOURS MIN.
J	Jan C	RTHPLACE (STATE ORF	OREIGN	TE CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMOR Balti			Y OF DEATH	MD.
1		ty or town of dea ossville 2		11. NAME OF HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE)				
5	13p. S	AL RESIDENCE (# NURS STATE ryland	136 COUP		136. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES NO XX	13e STREET A	DDRESS /	zip cot	Št.	21224
é	FA	THER'S NAME FIRST Raym	ond	MIDDLE Cohe	LAST E		is mother's maiden name in the Ruth	Mille:			LA	
1	16a W	VAS DECEASED EVER		MED FORCES?	212 30 4		Betty Branna	in, Daug	ADDRE gh ter	11.	lto., Mo	d. 21213
	ATION.	PART 2. OTHER SIGNIFICANT CONDITIONS C				DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE			IVEN IN PART 1	
1	CERTIFICATION	190 DATE OF OPERAT				0.500		YES 🗌	S OF DEATH?			
ì	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION (IF EITHER NOTIFY MEDICAL INJURY OCCURR	AUSE OF DE	ATH HOUR A.	M. MONTH DA M.	AY YEAR	21t. HOW INJURY OCCURR	RED (ENTERNATI	URE OF INJUR	Y IN ITEM 18	PARI (OR PARI 2)	
	MEC	WHITE NOT WHAT WORK	ILE 🗆	21e. PLACE ((AT HOME, STR	DE INJURY REET, FACTORY, OFFICE, F	ARM ETC)	STREET	iU.	CITY OR TOV	WN	COUNTY	STATE
		22a.1 certify that (1) saw the decease abave, (1) (we) (d	ed alive an		19	, ar	nd that in (my) (aur) apinian o	, ta death accurred	an the da	ite and ha		that (I) (we) last causes stated
		22b. SIGNATURE	4. B	alfate	SID and)	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC	F IAN 🗌	9/12	SIGNED
1		Dr.		atzis			901East	tern	Blv	d Bo	alts m	02122
	77	URIAL, CREMATION,	REMOVAL	9/14/			emetery or crematory of Faith Cem	23d LOCAL		imor	e Co., 1	Md. STATE
1	H. FL	azuzinski-	unei	al Jone	PA 1407	Old E	Castern Ave		GISTRAR		widson-Ra	

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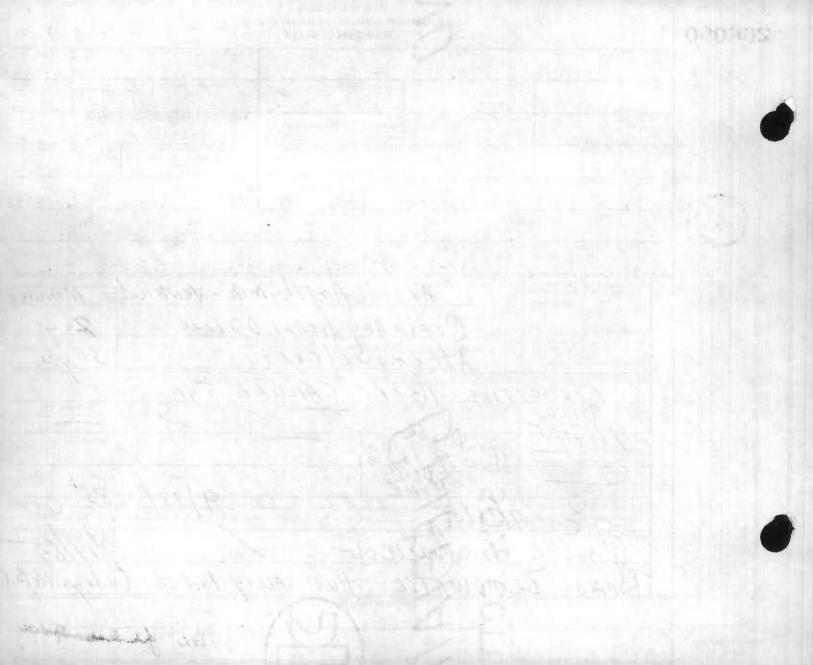
1							STATI	E OF MARYLAND								M
	1 -	FOR STATE			DEI	PARTMENT	OF H	EALTH AND MENT	AL HYGI	ENE 8	5	2	6	5	0	3
4	' '	REGISTRAR				CE	RTIF	ICATE OF DEAT	H	1	REG. I	10.			3	43
3		CEASED NAME	FIRST		MIDDIE	7 (Ordakowska)					FDEATH	MONTH	DAY	YEAR	2b. HC	UR
	(TIPE	OR PRINT)	Anna		М.			lasick				9	30	85	9:	00Pm
	1,585			4 RACE 5. DATE OF				OF BIRTH		6 AGE (IN	YEARS LAST B	IRTHDAY)	IF UND	ER I YEAR	IF UND	ER 24 HRS
1		Femal	_	Ca	11		MONTH	5-1899	EAR	86		YRS	MONTHS	DAYS	HOURS	MIN,
-	70 BIF	RTHPLACE (STAT							DESCRIPTIONS CITY OF COUNTY OF PEATLS							
2	Ba Î	Lto., M	ID	USA				DNORCED Baltimore, County							MD.	
		TY OR TOWN OF	DEATH	EF NOT IN SU	CH FACILITY, GIV	E STREET ADDRE	55}	OR OTHER INSTITUTI			RK FOR MOST	OF WORKING	LIFE) - IN			NESS OR
3		Balto. AL RESIDENCE (IF	NURSING	Manor				ille	4	Seams	tres	s-Re	C	B.V.	υ.	-
5	110 5	AL RESIDENCE III	Harf	ITY _	Balto	RTOWN	SSION	134. INSIDE CITY LIV		13e STREET		/ ZIP COI			7.A.~	01/10/01
2	II FA	THER'S NAME				•	_	15 MOTHER'S MAI			waj	cers	Na	. , 1		ewood 040
l	/	Anth	ony	MIDDLE	rdak	owska		Loui			MIDDLE		Р	alas	sic	k
	160 V	VAS DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIA	L SECURITY	NO.	17 INFORMANT			ADDI	RESS				
2	- Comment	NO NOR UNKNOW	N) (IF YES, GIV	E WAR OR DATES)	217-0	07-33	27	Louise	M. F	rath	er,	3804	Wa	lter	S	Rd.
		18 CAUSE OF D	EATH (Enter or	ly one couse per	line far 101,	ib', andic.	1	Edgewoo	d, M	1D 2	1040)		BETWEEN	MATE INT	ERVAI ID DE ATH
7		PART I. DEA	TH WAS CAUSE IMMEDIA1	D BY: E CAUSE (a)	Ca	rono	7-	arrhy	Khim	10	- a'	(re)	ST			100
6	24			DUE TO O	R ASAA CON	ISEOUENCE	фF	11.220	0	1 ,		0 1				
r		Canditians, if	ony, which	(ib)_	Rove	MCE	1	ASWL	, 7	ick)	umi	Juna	rome	an .		
		gave rise ta	stating the	DUE TO, O	R AS A CON	ISEOUENCE	OF		,			-				
7	31	underlying o	ause lost	(c)_				100		100				C.T.		
	-	PART 2 OTHER	SIGNIFICANT	ONDITIONS C	ONTRIBUTIN	G TO DEAT	H BUT	NOT RELATED TO T	HE TERMIN	NAL DISEA	SE OR CO	NDITION G	IVEN IN	PART I		
_	CERTIFICATION		W. San										1, 1			
1	CA	190 DATE OF OF	PERATION	196 COND	ITION FOR V	WHICH OPE	RATIO	N WAS PERFORMED		20a AUT	OPSY?			CAUSES		
	RIF						11			YES 🗌	NO		YES 🗌		NO	
7		210 ACCIDENT WA	CAUSE OF DEA	1 216. TIME C	YAULUI 40 .M. MONT	H DAY	YEAR	21c. HOW INJURY	OCCURRE	ED (ENTERN	ATURE OF IN	IURY IN ITEM II	3 PART I O	RPART?)		
	CAL	(IF EITHER NOTIFY	MEDICAL EXAMINER		M.		19									
	MEDICAL	214 INJURY OC			OF INJURY	OFFICE FARM E	TC)	21f LOCATION			CITY OR I	OWN	C	OUNTY		STATE
	<	AT WORK	OT WHILE						100						72	
		220 I certify the			ne deceosed		_	, 19		to			. 19			(we) last
		sow the de abave, (I) (v	ceased alive on we) (did) (did no	t view the bady	ofter death.	19	. ar	nd that in (my) (our)	opinian di	eath occurr	ed an the	date and h	our and	from the o	auses s	stated
	100	226 SIGNATURI	E 0_	-: A	0.11	1	`	DEGREE		/			2	2c. DATE		
		Par	my 10.	N 4.	5 mt	WY	1)		DING CIAN	MEDICAL	PHYS	ICIAN []		10-	-1-	85
		22d PHYSICIAN	'S NAME (TYPE C	R PRINT)				22e ADDRESS								
		₽.	A. Bal	tatzis	M D	S. 1.10		901 Ea	ster	n Blv	d. S	uite	200			
	230 B	URIAL, CREMATI				23c. NAME	OF C	EMETERY OR CREM	ATORY	23d. LOC	ATION		COU	NIV		STATE
	Bu	rial		10-3-	-85	Holy	y F	Rosary			to.	, I	Balt		MI	
	24. FU	JNERAL DIRECTO	OR .			DRESS				REC'D. BY	REGISTRA	RI255 REGI	STRAR'S	SIGNAL	IRE	00.
	J.To		Miller	Tnc	6415		ir	Rd	UL!	1 3	1985		mice d	son-M	- love	

DHMH - 16 60M 7/B4 (VRA 15, 4)

John C. Miller Inc. 6415 Belair Rd.

AND STATE OF THE S .u.v. d tiples of the manual to the living of the case to be a control to the con of .cols. .cols. Today & Tight

		STATE OF MARTLAND							
266080	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	2 4 5 6 9				
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
oy be	(TYPE OR PRINT) Mild	red V	Palmer	9	13 85 11:06P				
tor, pag ofter de	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
ge 4	✓ Female	White	9 2 1 90 4	81 YRS.	MONTHS DAYS HOURS MIN.				
Pour Pour	To. BIRTHPLACE (STATE OR FOREIGN			9. BALTIMORE CITY OR COUNT	Y OF DEATH				
The second	Maryland	IISA	WIDOWED DIVORCED	Baltimo	re Co. MD.				
ter of the feet	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION SET ADDRESS)	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
E PE CE	Sparks	2119 String	town Road	HWF					
Popularia Popularia		ME OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) 134. INSIDE CITY LIMITS?	130. STREET ADDRESS					
2 E 30 E		ltimore Spark:			town Rd. 21152				
1 16 18	FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	WE	LAST				
2	John	G. Navlo		Frances	Bull				
ond one	(YES NO OR UNKNOWN) (IF YE	ES. GIVE WAR OR DATES)		ADDRESS					
rs. Pe	no	213-74-		bert Palmer, Sp	oarks, Md.				
hysic pope ovol	18 CAUSE OF DEATH (Ent	er only one couse per line for 301, (b), o	ondicio Amothia	mia - Ventrice	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ng p bong rem	IMME	DIATE CAUSE (o)	- PIACING 1291	THE VETOT TEL	MAK MINUTES				
endii n, or moti		DUE TO, OR AS A CONSEO	WENCE OF HEADT	DISEAJE	7000				
e off move trou	Conditions, if any, whice gove rise to immediate		MAILY MUTTER	Dia tas -	7				
of th se re	couse (a), stating the underlying couse los		CONSTRUCTION OF STATE	1	3000				
ned belourial	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING IX	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1/				
sign Then to b		SGUTIVE H	SART CAILUI	4 4	TO CONTRACT TO CON				
1 11117	The DATE OF CHARD COM		HOPERATION WAS PERFORMED	4	ES, WERE FINDINGS USED				
26 281 8	@ /12/6		/	YES NO NO NO	FYING CAUSES OF DEATH?				
A STATE OF THE STA	21st accident who we find	HOUR AM MONTH	DAY YEAR	RED LENTER NATURE OF INJUST IN ITEM IS	PART) CR PART 2)				
20 001 1	S FEITHER NOTHY MEDICAL EXA	11 /	3 188						
PHY DE STATE OF STATE	IF STHER NOTIFY MODE ALEXA 214 INJURY OCCURRED	EN PLACE OF THE PARTY DE	MATE THE LOCATION	CITY OR 10WH	COUNTY STATE				
Se	AT WORK AT WORK	1101	ME	- 0/12/	or-				
NA STA	22n.1 certify that (1) this !	hospital) attended the deceased from	1983 198	5 10 7/15/	19 0 5 thay () (we) last				
A PATTE		id not! ve the body after death?	1 2	death occurred on the date and ha	, , ,				
A H H A A A A	17h SIGNATIONE	11 (8-01/10)	DEGREE ATTENDING	MEDICAL STAFF	THE DATE SIGNED				
A Maria	THEHSICIAN'S NAME	The Dealine	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	1/14/03				
Puls Puls Puls Puls Puls Puls Puls Puls	PLANI	ROLDAUNT	to Hunt VAI	icu Hell He	Carterallela				
Of Other	DOMALD L-	PROMUWA 1	in fluir mu	Tod ch.	Free dutie				
00	736 BURNAL CREMATION, REMO		NAME OF CEMETERY OR CREMATORY Outlaney Valley M	ZM LOCATION CITY ON TOWN	COUNTS STATE				
84	Burial 24. FUNERAL DIRECTOR	9-17-85			Balto Md				
DHMH - 16 50M 4/B2 (VRA 15, 4)	NAME	ADDRESS	250 04	ET 1 9 SEGUENTER 256. RIGI	Machine Contract				
(4VV 13, 4)	1 E1:	Uammat		0.	. %				



STATE OF MARTLAND							
DEPARTMENT OF HEALTH AND MENTAL HY							

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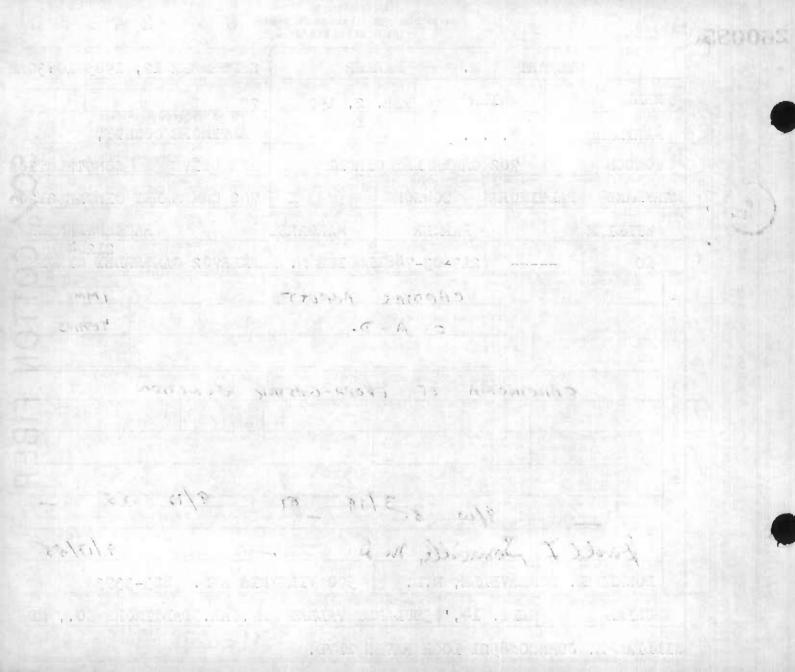
			STATE OF MARTLAND								
0858	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2 NO.	4 5	7 0	
		CEASED NAME FIRST		NIDDLE	70.4.77	AST	20 DATE OF DEATH			26 HOUR	
deoth	3 SE:		EWART 14 RACE	W.	PAR Is. DATE O	KER	SEPTEM I		1985	10:30A	
		MALE	WHI	E	FEB.	DAY YEAR	79	YRS		HOURS MIN.	
325		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	0	X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY			
~		MARYLAND	U.S.		WIDOWE	D DIVORCED	BALTIMO			MD.	
CX.	1	TOWSON	702	CAMBERI		ROTHER INSTITUTION	12a USUAL OCCUP 1TYPE OF WORK FOR MO EX ECUT	T OF WORKING LIFET	INDUSTRY	BUSINESS OR TRUCTIO	
35	13a S	AL RESIDENCE (IF NURSING HO TATE RYLAND 13b C BY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW TOWS	N I	13d INSIDE CITY LIMITS?	702 CAN	S / ZIP CODE IBERLEY	CIRCI	LE 2120	
1921	P) FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			0.00	
12	ν.	WILLIAM VAS DECEASED EVER IN U.S	A PAUL DE CORCECO	PARKEI		MARGARE I		RA		PERGER	
1/		VAS DECEASED EVER IN U.S.	ES, GIVE WAR OR DATES)			LOUISE M. F				CIRCLE	
mt, ff		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one cause per AUSED BY			1 4 4 - 15				NSET AND DEATH	
N. S.		IMME	DIATE CAUSE (0)	CARI		ARRETT			IM	ч.	
fron, o		Conditions, if any, whic	h ((b)	R AS A CONSEQUE	A.	D.			YET	1125	
l, cremo other tr		gove rise to immediate cause (a), stating the underlying cause las	DUE TO, OR	R AS A CONSEQUE	ENCE OF						
burio ry, or	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
of your for	TION	19a DATE OF OPERATION	ARCINON			FOPH - GASTON WAS PERFORMED	210 FUT	JETTON IEVES	WERE FINDING	CC HCED	
ows ony	CERTIFICATION	196 DATE OF OPERATION	198 CONDI	HON FOR WAICA	OPERATIO	N WAS PERFORMED	YES NOT		ING CAUSES C		
37		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE	110110 4 4	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE		NJURY IN ITEM 18 PAR	RT I OR PART 2)		
17	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA	MINER) P.A		19	2H + OCATION		100		LES IN	
rked	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	DE INJURY BET, FACTORY OFFICE F	FARM, ETC.)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE	
Heoir is mo		220 I certify that (1) (this I sow the deceased aliv	//	deceased from_	, 3	d that in (my) (and apinion	, to	112 11	9 8 3 , th	iat (l) (ame) ast	
pt. of em 21		abave, (I) (was tale) (d	lid not) view the bady	ifter death.		DEGREE	death accurred an the	date and hour	22c DATES		
AT: # h		Darold	I. Son	mille.	m.	ATTENDING .	MEDICAL S	TAFF SICIAN []	9/12	1/85	
7		DONALD L.	SOMERVII	LE. M.I	D.	22e ADDRESS 500 VIRGI	NTA AVE.	823-	3393		
with the		urial, cremation, remo		23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
		BURIAL	SEPT.	14, 1851	DULAN	EY VALLEY N	IHM . GAR.	BALTIM	IORE CO	D., STA MD	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

WILLTAM E. JOHNSON8521 LOCH RAVEN BLVD.

250. DATE REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE



一日の一日の日の日の日の日の日の日の日の日の日の日の日の日の日の日の日の日の日	TO HOSPITAL OR ATTENDING PHYSICIAN. The fave requires the death certificate by executed withhings hours of the favor of the hospital or attending physician. TO FUNERAL DIRECTOR, after this certificate has been ugand by the ottending physician and completely filled in by the fun	9 2
	IMPORTANT If them 21 is marked or them 18 shows any injury, or other troumable event, the medical evapure must be made	S.
IMPORTANT If here 21 is marked or then 18 slows any injury, or other trademotic event, the medical explaines and a non-table	11/1/201	۲

263092	1-	FOR STATE REGISTRAR		DEPART	MENT OF E	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2 .	4 5 7	
4 moy be		EASED NAME FRST OR PRINT) E / IZZ-MbE	M. 4. RACE Wh	Pas ite	S. DATE (20 DATE OF DEATH 6. AGE (IN YEARS LAST BII		2 85	7 PM NDER 24 HRS IRS MIN.
and redeath Populary the funeral day	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Mass. IY OR TOWN OF DEATH Parkville	U.		WIDOW	D NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION TSING HOME	9. BALTIMORE CITY O Balti 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST: Housewi	more Co		MD. SINESS OR
MARYLAND TTP	M	AL RESIDENCE IF NURSING HOME TATE 133. COL (aryland Ba) THER'S NAME Frank	DR OTHER INSTITUTIO JNTY Limore MIDDLE	Ellicott Amati	Mill	15. MOTHER'S MAIDEN NAV	ina MIDDLE	er Mill	s Circle	21228
that the death certificate be executed by the attending physician and cleare remove (arbon papers. Pages of, cremotion, or removal.		IS CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDI. Conditions, if ony, which gave rise to immediate cause (a), stafting the underlying cause lost.	polly one cause poste BY: ATE CAUSE (a) DUE TO, ((b) DUE TO, ((c)	216-05-6 er line for (a), (b), or ACU OR AS A CONSEOU GE OR AS A CONSEQU	O28 TE ENCE OF MENA ENCE OF AL:	Carolyn C. Bronche PN:	EUMONIA .ITY+ L DISEA	O2 Uppe	APPROXIMATE I BETWEEN ONSET	
DIVISION OF VITAL RECORDS, 3 NG PHYSICIAN. The issue requires attending physician. Then this certificate has been signa at the buriof-transit permit. Then p th and Mental Hygiene prior to bur orked or then 18 places any injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED	i9b CONI		AY YEAR	NOT RELATED TO THE TERM NONE N WAS PERFORMED 216. HOW INJURY OCCURE 211. LOCATION STREET	20a AÜTOPSY?	20b. IF YES, V I'N CERTIFYII YES	WERE FINDINGS UNG CAUSES OF D	
HOSPITAL OR ATTENDIA med by the hospital or FUNERAL DRECTOR: A vid be deteched for une vid be deteched for une nithe Store Dept. of Head	N	WHITE NOT WHITE AT WORK 220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did.) 27b GIGNATURE 22d PHYSICIAN'S NAME (1YPI	pital) attended in 8-nat) view the bad	the deceased from	85.	22e ADDRESS	medical STA	late and hour a	22c. DATE SIGN	· \$5
BP	24 FU	URIAL, CREMATION, REMOVA SPECIFY) Burial INERAL DIRECTOR	Sep 1	6 1985 E	loly H		y Baltimo			ryland
(VRA 15, 4)	I	Leonard J. Ruc	k, Inc.	Baltimon	re, Ma	ryland SE	P16 1995	destin In	when the	delle

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276046	1 - STATE REGISTRAR	DEPARTMENT OF

8728 Liberty Road Randallstown, Maryland 21133

ATE OF MARYLAND HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATU

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	REG.	1

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100	REGISTRAR				CENTII	TICALE OF DEATH		REG. NO.		
	CEASED NAME	FIRST		MIDDLE		LAST	20_1	DATE OF DEATH MONTH	DAY YEAR	2b_HOUR
	Mrs	. Viı	rgie R.	. Paul				September 28 1	985	M
3. SE	X		4 RACE		5. DATE (OF BIRTH		GE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEA	
Fe	Female Caucasian		Janua	ary 3 1906	7	9 YRS	DATS	MIN.		
7a 8	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	9 B	ALTIMORE CITY OR COUNTY	OF DEATH	
	ryland		USA		WIDOWI	47	B	altimore County		MD
Randallstown 3726 Collier					T ADDRESS)	OR OTHER INSTITUTION	{TYF	USUAL OCCUPATION TE OF WORK FOR MOST OF WORKING LIF TIPED	E) INDUSTRY	OF BUSINESS OR
130.	AL RESIDENCE (IF NUR STATE Tryland	136 COUN Baltin	1TY	136. CITY OR TOV	VN	138 INSIDE CITY LIMI	175? 136.5	STREET ADDRESS / ZIP CODE 724 Collier Rd.		21133
14.F.	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE		WIDDLE		AST
Hk	ward Wingate					Nancy Lou:		ley	L	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC				nforte ADDRESS		21133
no		(11 723 011	c man ok bares,	215-30-0	1899	3726 0011:	ier Rd.	Randalls	town	Maryland
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E								ES NO YE		NO 🗆
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	in a	DE INJURY M. MONTH D M.	AY YEAR		CCURRED	ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCUR WHILE NOT WE AT WORK	HILE D	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE	FARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220 I certify that (I) saw the deceas above, (I) (we) (occurred on the date and hou	19.85 r and from th	., that (1) (we) last se causes stated
	226 SIGNATURE	-oe	46	ley	M.		ING MI	EDICAL STAFF RECTOR PHYSICIAN		E SIGNED 0-85
	778 PHYSICIAN'S N					22e ADDRESS 86.	30 Lil	erty Plaza Mai	11	
	Jerome H	. Gin	sberg, l	M.D.				stown, Md. 211		
	BURIAL, CREMATION,	REMOVAL				CEMETERY OR CREMAT	ORY 2	3d. LOCATION		STATE
	rial		10-1-85	The second secon		ew Memorial Pa	ark	Eldersburg Ca	rroll	Maryland
	UNERAL DIRECTOR							D. BY REGISTRAR 256. REGIST		
8	728 Liberty F	had Ra	ndallstow	n. Marylan	1 21133	2	UGI	T POO T	widow-	CALON BE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for with the State Dept. of 1

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- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

249045 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST DAY YEAR 7h HOUR (TYPE OR PRINT) LULA FILEN PEARL 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4 RACE 5. DATE OF BIRTH 3 SEX MONTH DAY YEAR FEMALE WHITE 10 06 78 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Baltimore County Maryland U.S.A. WIDOWED DIVORCED 12b. KIND OF BUSINESS OR HO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY Clothing (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Manuf Randallstown Baltimore County General Hosp. Seamstress 130 STATE IS COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore YES X NOF 432 South Payson Street Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Arthur Pear l Emma Ebert ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) 215-07-697 Thelma A. Wilson 5803 Merville Ave. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse tot, stoting the underlying couse last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21ª PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on above, (V (we) Alid) (did not) view the body/after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated SIGNA DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) ORTOWN Maryland Baltimore 9/4/85 Loudon Park Cemetery Buria] BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ina Davidson-Handalle Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 60M 7/84 (VRA 15, 4)

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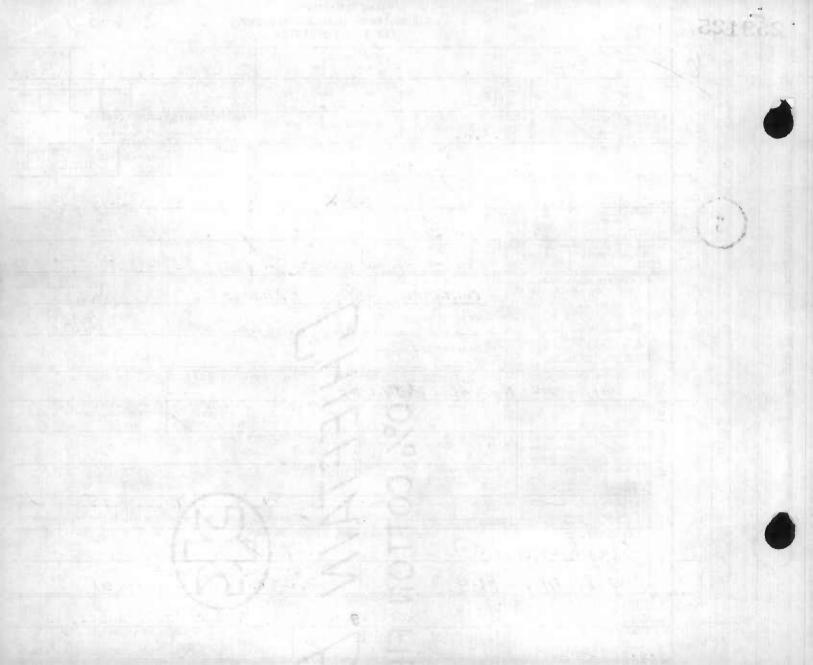
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	d is		3. SEX		4. RACE		S. DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	
1	age 4 may be rector, page 3 urs after death	-		Male	Whit	te	Dec.	17, 1912	72	YRS		
	Pod die	26	7e. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	F WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMOR	ECITY OR COUN	TY OF DEATH	
	nero n 72	10		ryland	U.S.A. WIDOWED DIVORCED		Balti	more Co	unty,	MD.		
	er d with	11	10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU	RSING HOME O	ROTHER INSTITUTION	12a. USUAL O	CCUPATION FOR MOST OF WORKING	12b. KIND	OF BUSINESS OR
-	s off	10		ndallstown	3904 N	Noves (Cir./21	133		Driver	Cou	Rtx+Hwy
212	hour be f	26	USU A	L RESIDENCE (IF NURSING HOME TATE 13b. COL	OR OTHER INSTITUTION	N. GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	1124 STREET A	DDBESS		
N	7	99)			timore		allstov	TIMES NO [3904	Noyes C	ir./21	133
YEA	4/35 V	101	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	WIDDLE		
MAR	1 20 1	100		George A	WIDDLE	Perry		Sarah	С.		picer	AST
BALTIMORE, MARYLAND 2120	10	13		AS DECEASED EVER IN U.S. A			ECURITY NO.	17. INFORMANT		ADDRESS		
MO	Pag Pag	1	Ye	ES. NO OR UNKNOWN) (IF YES. C	I I	212-40	0-6208	Bernice L.	Perry	3904 N Randal	oyes C Istown	1r MD2113
ALT	pers.			18. CAUSE OF DEATH (Enter	only one couse pe	er line for (o), (b	, and (c).				APPRO	NONSET AND DEATH
7	phy npol			PART I. DEATH WAS CAUS	SED BY:	CONGES	TIVE H	ETART FAT	LURE			9RS
N	ding arbo or re			WW.ED.		OR AS A CONSE						
STC	leath we co			Conditions, if any, which	(b)	ISCHE		TART DISE	ASE		707	ARS
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3	by the other			underlying couse lost.	(6)	OK AS A CONSE	.0021102.01					
20	ned ple			PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINALDISEASE	OR CONDITION G	EIVEN IN PART 1	10
RDS	n sig Ther to b		O	CHRONI	C REA	VAL 1	MILL	RE				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	beer mit. prior	7	CERTIFICATION	190 DATE OF OPERATION	196. CONI	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 206. IF Y	ES, WERE FIND	INGS USED
AL R	on. hos t pee	X	TE						YES 🗌		YES	NO [
VII	N. Thysicia ricate ransit Hygiv	1	CER	21e. ACCIDENT WAS UNDERLYING		OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NAT	URE OF INJURY IN ITEM II	B PART 1 OR PART 2)	
P.	ICIA g pl g pl id-t id-t id-t	7	CAL	OR CONTRIBUTING CAUSE OF D	CAIN	P.M.	19	No.				
O	HYS ndin his c bur d Me	1	MEDICAL	21d. INJURY OCCURRED		E OF INJURY	DICE EARM ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
IVIS	offe offer ter t		2	WHILE NOT WHILE AT WORK	(AT HOME 3	STREET, FACTORY, OFF	rice, rakm, erc ;					
۵	ADIP Lor Use o s mo			220.1 certify that (I) (this has	pital) attended t	the deceased fro	om (2	. 6 19	7	8.9.	. 19 85	, that (l) (se) last
-	TTE pride			sow the deceased alive a obove, (1) (we) (did) (did)	not) view the bod	ly ofter death.	9 on	d that in (my) (at) opinio	n death occurred	on the date and he	our and from the	e couses stated
	NR A hos hos hed hed hed hem them			226 SIGNATURE				DEGREE	/		22c. DAT	ESIGNED
	AL O the AL D detac of D T: If I			ausn	1an	w		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		
	HOSPIT ned by FUNER old be of the Sta	1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS 827	LINDER	1 AVE		
				C.W. BRTA	W M	.0.		BALY	MORE	MAVE mb 2	21201	445 1 701
	oper of the Market		23a. B	URIAL, CREMATION, REMOVA	" Sept	. 0 . 1		EMETERY OR CREMATORY	23d. LOCA	ION		
	BP		Bu	rial	Dept.	1985	Wisebur	g Cemeter	Whit	e Hall,	Balt.	, MD
	DHMH - 16 50M 4/8	2	24 FL	NERAL DIRECTOR	Seco	ond at.	Frank	lin St. 250. D.	ATE REC'D. BY RE	GISTRAR 256. REGI	STRAR'S SIGNA	TURE
	(VRA 15, 4)	13	J.	J.Hartenste	in New	Freedo	om. PA	17349	EF 13	1985 Fulia	Davidson	Bindell



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate by faculting within 24 hours offer death. Page 4.		TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and Completely filled in by the funeral director	should be detached for use as the burial-transit permit. Then please remove carbon papers. Nates I am 2 should be blied within 72 hours ofti	of the Caste State Plant of Manufally and Manufall Manufally section to busined assumptions and assumption
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Noppleon PERSEYNIN 9/18/85	19p m								
4. RACE 5. DATE OF BIRTH 6. AGE (IN ARS LAST BIRTHDAY) IF UNDER INCOMPRESSION OF A STATE OF BIRTHDAY AND	YEAR IF UNDER 24 HRS								
Male White 6 19 1887 98 YRS	PATS HOURS MIN.								
10. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEA	Н								
Italy U.S.A. MARRIED NEVER MARRIED	MD.								
The state of the s	ND OF BUSINESS OR								
Dundalk Meridian Nursing Center Heritage Steel worker Be	th Steel								
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE									
Maryland Baltimore Dundalk YES NO 1223 Baltimore Ave.	21222								
If FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST								
Virgilio Perseghin Inbania Bonbar	noti								
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS **ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)									
213-09-2279 Frank Perseghin 1908 Midland Fd.	21222								
	PPROXIMATE INTERVAL WEEN ONSET AND DEATH								
IMMEDIATE CAUSE (0) Ocale Resputatory over									
DUE TO, OR AS A CONSEQUENCE O									
Conditions, if any, which (b) Unit Vulturous Discussion	othermans, it diff, which								
gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
underlying cause lost (c)									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT Ira								
190 DATE OF PERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? , 200 IF YES, WERE F	INDINGSTIES								
IN CERTIFYING CA	USES OF DEATH?								
YES NOW YES 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PA	NO 🗍								
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	(1.2)								
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION									
WHILE NOTWHILE STREET FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUN	TY STATE								
ALWORK ALWORK	_								
22e.1 certify that (1) (this haspital) attempted the deceased from	m the causes stated								
abave, (I) (we) (did) (did not) view the Vody after death.	DATE SIGNED!								
ATTENDING MEDICAL STAFF	2/18/85								
PHYSICIAN DIRECTOR PHYSICIAN 1	11,147								
THEO. CRATTERSON ms 3427 Dundallae	7.1222								
23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION									
(ITY OR TOWN COUNTY	STATE								
74 FUNERAL DIRECTOR 1250 DATE RECD BY NEGISTRAR'S SI	yland GNATURED								
DHMH-16 60M 7/84 NAME (VRA 15, 4) Duda-Buck Funeral Home Inc. 7922 Wise Ave	ason-Mandala								
Duda-Ruck Funeral Home, Inc. 7922 Wise Ave. Balto. Md. 21222									

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

Duda-Ruck Funeral Home of Dundalk, Inc.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

CERTIFICAT

MEDICAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	REGISTRAR	REG. NO.											
	DECEASED NAME FIRST	Ğ	- Pe	tersu			2c. DATE OF D	EATH	HTMOM	DAY L.)	YEAR S	26. HOU	
	3 SEX	4 RACE		5. DATE OF			6. AGE (IN YEAR	RS LAST BIRT		IF UNDE		IF UNDER	24 HRS
	Female	White		MONTH 11	04	94	111	90		NONTHS	DAYS	HOURS	WIN.
الم	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIED T	NEVERA	ARRIED -	9 BALTIMORE	CITY O	COUNTY	OF DE	ATH		
	Maryland	U.S.		WIDOWED [DI	ORCED	Balto	. Co	unty				WE
	10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	DORESS)	OTHER INST	ITUTION	120 USUAL OC				KIND OF	F BUSINE	SS OR
1	Randallstown	Balto	. Co. Gen	. Hosp			Homema	ker					
7	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUL		Balto.	113	d. INSIDE CI	TY LIMITS?	13e.STREET AD 6811				. 2	21207	7
	14 FATHER'S NAME FIRST Samuel J. Young	MIDDLE	LAST			MAIDEN NA FIRST		MIDDLE		Col	lins		
	(YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECUR		INFORMA	VĪ		ADDRE	SS				

IMMEDIAT	ECAUSE (0) Acute Myo cardeal Infanction	Sugges
	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gave rise to immediate cause (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20c AUT	OPSY?	20b. IF YES, WERE FIN	
			YES 🗌	NO	YES	NO 🗆
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19	R	URRED (ENTERN	ATURE OF INJU	URY IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		CITY OR TO	COUNTY	

(aur) opinian death occurred on the date and hour and from the couses stated

DEGREE 22c DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY) R'EMOVAL	236 DATE 9/22/85	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
24 FUNERAL DIRECTOR		25c DAT	E REC'D. BY REGISTRAR 25h R	EGISTRAR'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

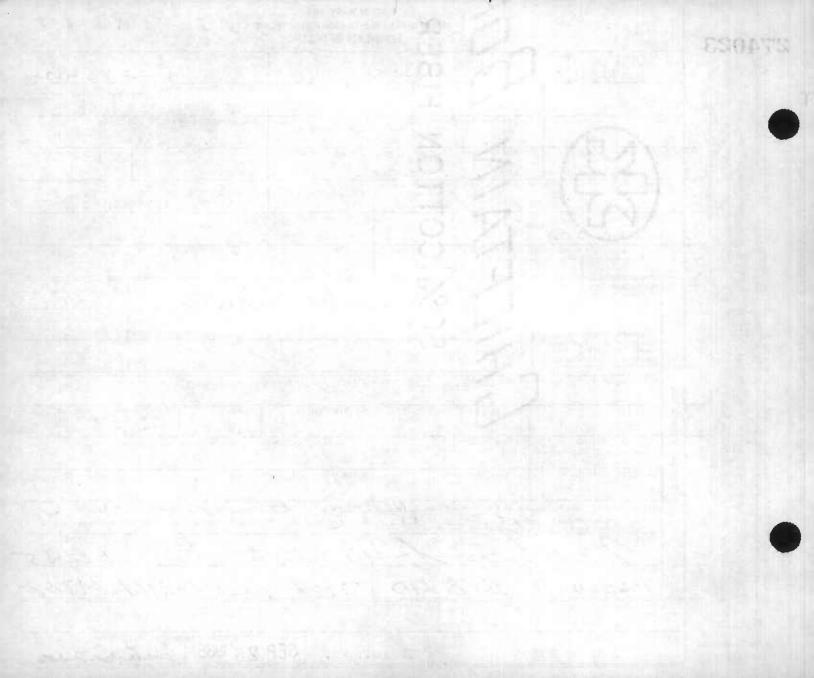
Anatomy Board

NOT WHILE

ADDRESS Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 26 1985 Julia Savidan De Julia Davidson Bands

STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

269100	1,	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.	2 4 5 / 5
Ther death		CEASED NAME FIRST Elea	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	-22-85 2:55P.M
rs offer deoff. Toge 4 by the figure of figure of iled with the conditions of the co	10 CI	RTHPLACE (STATE OR FOREIGN NOUNTRY) Md. TY OR TOWN OF DEATH TOWS ON	White OS-30-XXX 77 The CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED SP. BALTIMORE CITY OR COLOUR TO SELECTION OF WORKED SITE OF THE SELECTION OF WORK OF MOST OF WORK FOR MOST OF WORK REC. Center E.	UNTY OF DEATH OF COUNTY MD IZE KIND OF BUSINESS OR KING LIFE IZE KIND OF BUSINESS OR
executed within 24 hou ond completely filled in ages frend 2 should be edical expenhermisable	13a S	THER'S NAME FIRST HENRY VAS DECEASED EVER IN U.S. AR.	TRACTO, YES B NO □ 3002 Ryeck 15. MOTHER'S MAIDEN NAME Siest Mary L. MIDDLE WIL	11ingham IAST
thot the death centurate be by the second control papers. Pol. cremation are remained. It other troumotic event, they			DUE TO, OR AS A CONSEQUENCE OF (c) CASE (a) DUE TO, OR AS A CONSEQUENCE OF (c) CASE (b) CASE (c) CA	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
SICIAN: The low requires ng physicion. certificate hos been signed ridel transit permit. Then pleated Hygiene prior to burn them 18 shows any injury, a	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (1F EITHER NOTIFY MEDICAL EXAMINER	YES NO THE OF INJURY HOUR A.M. MONTH DAY YEAR 19 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN LITE P.M. 19	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
HOSPITAL OR ALTENDING PHYSonned by the hospital or attending FUNERAL DIRECTOR After this sould be detached for use as the buth the State Dept. of Health and Muthe State Dept. of Health and Amongram: if them 21 is marked or 1	MEDI	saw the deceased alive an obave, (I) (we) (did) (did no 22b, SIGNATURE Maturid of	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 21f LOCATION STREET CITY OR TOWN	220 DATE SIGNED 9/22/85
TO HOSPII retoined by TO FUNER should be: with the St		URIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (STYCE) Wost Holy Redeemer Baltimore	COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. 5305 Harford Road 21214

SEP 24 1985 gumanilar rouse

FOR - STATE

1 DECEASED NAME

(TYPE OR PRINT)

I SEX

REGISTRAR

Female

COUNTRY China

BIRTHPLACE (STATE OF FOREIGN

SUAL RESIDENCE (IF NURSING HOME OR OTH

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

INDWELLING

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying couse lost.

CITY OR TOWN OF DEATH

Maryland

LYES NO OR LINKNOWNI

4 FATHER'S NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

17 INFORMANT

WIDOWED I

BONE MARROW FAILLIRE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13c. CITY OR TOWN

LAST

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Baltimore

166 SOCIAL SECURITY NO

216-32-8502

METASTESES

MENINGIOMA

FOLEY XXX DUE TO RENAL CALCULT

YEAR

18

DIVORCED

15 MOTHER'S MAIDEN NAME

A.	
2	4
~	

BALTIMORE CITY OR COUNTY OF DEATH

2400 Pinewood Ave. 21214

REG. NO

LIYPE OF WORK FOR MOST OF WORKING LIFE!

13e.STREET ADDRESS / ZIP CODE

MIDDLE ADDRESS

Mr. Tunnie Ping 2419 Beach Ave. 21221

20a AUTOPSY?

2a. DATE OF DEATH

Housewife

6 AGE (IN YEARS LAST BIRTHDAY)

2	4	5	1	

2h HOUR

12h KIND OF BUSINESS OR

Homemaking

INDUSTRY

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	deoth.
	offer
120	Sours
202	24 h
RYLAN	within
WA	ped
ORE,	n we we
T.	e o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	tricote
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TAL	The Sicion
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NOIS	HYSK nding
N	OHO
_	N N
	U.OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page the haspital or attending physician.
	the

prior and Mental Hygie TO FUNERAL DIRECT should be detached fixed by with the State Dept.

CERTIFICATION

MEDICAL

Durial	7
FUNERAL DIRECTOR	
-255Ahn Funeral	1

above H (we) (did) (did not)

JOY HOWARD M.D.

					GBM	<u>c</u> 6	701	N
	230	NAM	E OF	CEWE.	TERY C	OR CR	EMATO	RY
		Lo	cra	ine	Pk	. (Cem.	
4	- 22	1	W	.1.		70.1	(1750.1	MAK

DEGREE

CHARLES	ST.,	TOWSON	MD	21204
23d LOCATION CITY OF TOWN B		ore. Ma	rvl	and

184LTO. MD. 2123

CO. BUREGISTRA I IN TEGESTALAS SERVICEDE

IN CERTIFYING CAUSES OF DEATH? NO 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET FACTORY, OFFICE FARM ETC) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

21a ACCIDENT WAS UNDERLYING

4. RACE

LIF YES GIVE WAR OR DATES!

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic

IMMEDIATE CAUSE (0)

Oriental (Yellow

Th CITIZEN OF WHAT COUNTRY

NO [

22c DATE SIGNED STAFF

20b. IF YES, WERE FINDINGS USED

COUNTY

YES

PHYSICIAN

ATTENDING

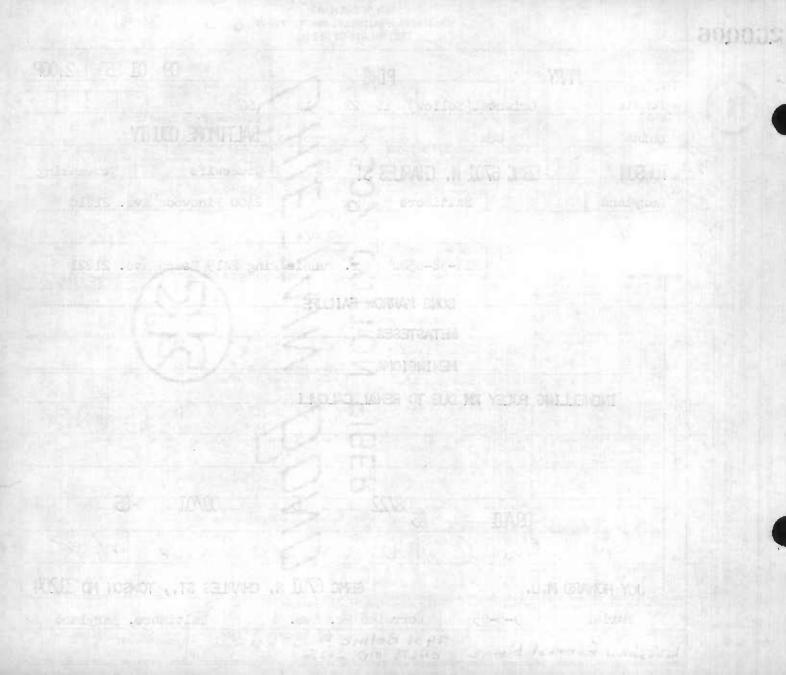
22e ADDRESS

DIRECTOR PHYSICIAN

276 SIGNATUR

MEDICAL

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
ľ	DECEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
ı	Ignation	us	W.	PI.	TKIEWICZ	September	27,	1985	9:50A M
Ī	SEX 4. RACE			5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
Male Whi		White	Ma Ma		arch 13,1904	81	YRS	MONTHS DAYS	HOURS MIN.
ľ	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
1	Dunkirk, N.Y.	U.S.	U.S.A. WIDOWEI 1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)						
1	O CITY OR TOWN OF DEATH				OR OTHER INSTITUTION				
				Square Hospital		Ret Martin Marietta			
	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 3a STATE 13b COUNTY Baltimore		GIVE RESIDENCE BEFORE ADMISSION)		13d INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / ZIP CODE 1721 Earhart Rd. 21221			1
	FATHER'S NAME FIRST MIDDLE MIDDLE		Pitkiewicz		15. MOTHER'S MAIDEN NAME FIRST	Me Matusew		icz	
	60 WAS DECEASED EVER IN U.S. AI	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS		
L	No	TE WAR OR DATES	190-14-2	2714	Mrs. Margare	t M. Pitkie	wicz	Same	as # 13e
ľ	18 CAUSE OF DEATH Enter o							APPRO: BETWEEN	XIMATÉ INTERVAL LONSET AND DEATH
ı	PARTI DEATH WAS CAUSED BY: Cardiorespiratory Arrest, Pulmonary Eden								
l	DUE TO, OR AS A CONSEQUENCE OF								
L	Conditions, if ony, which gove rise to immediate (b) Metastatic Carcinoma, Unknown Primary Source							e	
ł	cause (o), stating the underlying couse lost.								
l		(c)							
ı	PART 2. OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
1	GI Blee		enitourinary Bleeding			20a AUTOPSY?	ZON IE V	ES MEDE EIND	Necuses
	THE CONDITION FOR WAI		ITION FOR WHICH	OF ENATION WAS PERFORMED			IN CERTIFYING CALISES OF DEATHS		
1	710 ACCIDENT WAS UNDERLYING	71b. TIME C	F INJURY		21c. HOW INJURY OCCURR		1	YES	NO [
1	OR CONTRACTOR OF OF OF	2111	M. MONTH DA			120 120 120 00 000		7 3 4 7 4 4 7 7	
ı	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P. PLACE		19	211 LOCATION				-
	AT WORK AT WORK	WHILE NOT WHILE AT WORK AT WORK AT WORK					COUNTY	STATE	
	220 I certify that this hosp	ital) attended th	e deceased fram	epter	nber 24 ₁₉ 85	Septembe		19 85	that 🌠 (we) last
	22a I certify that withis hospital) attended the deceased from September 24, 19.85, to September 27, 19.85, that we last saw the deceased alive an September 27, 19.85, and that in (24, 19.85), and that in (24, 19.85), to September 27, 19.85, that we last above, 14 (we) (did) (4.85) view the body after death.								
	226. SIGNATURE				DEGREE			22c. DATE	SIGNED
J	Cynthia Fo	wero		M.L	PHYSICIAN L	MEDICAL STAI	IAN N	9/3	27/85
	220. PHYSICIAN'S NAME (TYPE O	POWER	S		9000 Franklin	Square Dri	ive	21237	
+	230 BURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	1236 LOCATION	, ,	L1LJ/	
	Burial	10-1-8		ethse		Temple	Pen	n. COUNTY	STATE

DHMH - 16 60M 7/84

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should be detached far use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pr

MPORTANT: If he

TO FUNERAL DIRECTOR.

24 FUNERAL DIRECTOR (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Md.

Gethsenane

10-1-85

Temple, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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1. SEX

REGISTRAR

THE HELACE ISLATE OR FOREIGN

ID CITY OR TOWN OF DEATH

Catonsville

Joseph

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

90 DATE OF OPERATION

160' WAS DECEASED EVER IN U.S. ARMED FORCES?

Poland

L FATHER'S NAME

(YES NO OF UNKNOWN)

FIRST

Mary

COUNTY

4 RACE

DECEASED NAME

STATE OF MARYLAND

Pokrywka

5. DATE OF BIRTH

WIDOWEDK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

Baltimore County 12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

9 BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

MONTH

20. DATE OF DEATH

A AGE (IN YEARS LAST BIRTHDAY)

housewife 13e STREET ADDRESS / ZIP CODE

MIDDLE

3665

126 KIND OF BUSINESS OR

26 HOUR

VEAD

INDUSTRY

13d. INSIDE CITY LIMITS? Baltimore 15 MOTHER'S MAIDEN NAME

166 SOCIAL SECURITY NO

212-28-7371

St. Joseph's Nursing Home

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

AA IO OLE

Th CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Kierepka

Jösephine

17 INFORMANT St. Joseph's Nursing Home,

YEAR

DIVORCED

03

ADDRESS

Dudley Ave.

Brzyski

18 CAUSE OF DEATH (Enter only one couse per line for (o), lb , and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)

(IF YES GIVE WAR OR DATES)

DUE TO, OR AS A CONSEQUENCE DUE TO OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1:0

200 AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

Name O solvent O

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC |

21f LOCATION

CITY OR TOWN

STATE

22a I certify that (I) (this haspitally attended the deceased from saw the deceased alive on the body of the death 22h SIGNATORE

ATTENDING 22e ADDRESS

STAFF PHYSICIAN LA DIRECTOR PHYSICIAN

and that in (my) pointion death occurred on the date and hour and from the causes stated

1132 N. Rolling Road Maltimore, Md. 21228

22L DATE SIGNED

Nelson McKay M.D 23a. BURIAL CREMATION REMOVAL THE DATE

73c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

M. WEBE

EGREE

REGISTRAR 256. REGISTRAR'S SIGNATURE . we havidson-pandale

DHMH - 16 60M 7 144 (VRA 15, 4)

OSSESS End It's simplify in the contract of the contrac

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$

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5	REGIST DECEASED TYPE OR PRIN		FIRST A	nthan	the R	MIDDLE S M	John)			Sr. 2	OF DEATH A	ESTI-	O. MONTH	DAY	YEAR	26. HOUR
3. 5	M	4 RA	CE V	5 DATE O	OF BIRTH	¥531	6 AGE (IN YEA LAST BIRTHDA	Y) MONTH	DER 1 YR.	IF UNDER 2		DATE RONOUNC DEAD		MONTH	19	19 85	2d HOUR 8/5
7a	BIRTHPL	ACE (STATE OR OUNTRY)		76 CITIZI	I.S.A			WIDOW	ED 🗆	VER MARRIE DIVORCE	D	Balt	imore	Cou	nty	DEATH	MD
		sedale		122	21 Be	TAVOO		2		TION	Lo USU.	AL OCCUPA OST OF WORKI NOSTO	NG LIFE)	PE OF WORK		ND OF BU R INDUSTI	
130	Mary	land	LISE COLINI	timo/			OR TOWN		YES 🗌	ITY LIMITS?	13e SIRE 122	Ber	kwooa	l Roa	d 21	237	
74		nthony		MIDDLE			iemski		Mai		NAME	MID			stic	LAST	
160	YES, Ye	ECEASED EVE OR UNKNOWN)	1 (IF YES, GIVE)	WED FORCE	CES?	217	-24-45	7 NO.	Ant	rony 9	orem	ski 4	00 Gu	_	n Sa	t. 21	224
Г		AUSE OF DEA		D BY:	1)	for (0) (b)	BET	٤S		ELL					A	PPROXIMATE	E INTERVAL T AND DEATH
		Canditians, if					SEQUENCE O	OF 1/2	11	OHO	1/1	M					
		gove rise to cause (a) statir ying cause las	ng the under-	DU			ISEQUENCE (/	074 -							
		OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTIN	(c)	BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PAR	T 1 (a).		GP4				
1	19a. D	ATE OF OPER	RATION	19	b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?						AUTOPSY:	_
		XTERNAL CAI	OR	H	b. TIME OF YOUR A.M P.M		DAY YEAR		OW INJURY	OCCURRE) LENTER N	ATURE OF INJU	RY IN ITEM 16	PART I OR P		YES 🗌	NO L
-	214 1	NJURY OCCU	RRED	21	e PLACE C	OF INJURY ORY, FARM, E	(AT HOME,		CATION			CITY OR TOW	и	C	OUNTY		STATE
	22	20 I certify tho	I Hook daying	pe of the re	X es	cribed aba	ive, held on	Autop	sy ,	Inspection	, ,	Inquiry Trmined mor		nd in my o	pinion		
	ACTU	/	Mw	1	Th	ne	w	M	D. DE	PU7	+ V/	CAL EXAMI	NER	DATE	9	/20	185
1	EXAM (TYPE	AINER'S NAM OR PRINT)	PAC	11	F	50	ERI	N	ADDRESS_	13/1	W.K	ESTE	SEL	EN	10	217	30
23	BURIAL,	Buria	, REMOVAL 2	9-2	3-85		Oly Ro			war and	23d. LQ	cation prown ndalk	Balz	ta.Ca	UNITY	SI	TATE
2		AL DIRECTOR	Zeiler	0 0	ADDRESS			,	1	SEP	23	REGISTRAR	Julia	Devid	SIGNA	BHA	4

Section Section (Sin 102336 1/2 /2 E/ C having U.S.A. 1221 00 000 00 2127 Louis la come 5.1.4. 1:12 0 00 1:1 × 1:11 × 0 00 1:17 relice 1150 J. N. 35 C. CONTRACTOR AND A STATE OF THE PARTY OF THE P of of the second was a second of the second planted States Con no. 22's over 12.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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dia.	-	in)	3
	1		

2	4	5	8	24

- 1							AST	20 DATE	OF DEATH MON	TH DAY	YEAR	26 LIC	
	I. DEC	EASED NAME	FIRST		WIDDLE		ASI					20. FIC	DUR
	(TYPE	™Walter	Reid	ch Port	ter			Sep	t. 22,	1985			
`	3 SEX			4 RACE		5. DATE C		6. AGE {#	YEARS LAST BIRTHDAY	IF UNDER	RIYEAR	IF UND	DER 24 HI
9	I	Male		Cauca	asion	16 -	12-0°5 YEAR	8	0	YRS	DATS	HOURS	, M
		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIM	ORE CITY OR CO		ATH		
39) (OUNTRY) MD	7.75	U.S.	Α.	WIDOWE		Bal	timore,	Coun	ty		
	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		LOCCUPATION ORK FOR MOST OF WO		KINDO	OF BUSI	NESS
0	Ca	atonsvil	le	1918	ANTA 1	11)E	PARC	Mil	kman		Dai		
		AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	A 124 INICIDS CITY HAAITS	2 112 STDEE	ADDRESS / 715	CODE		046	200
Sec.	130. 3	MD	Ba]	L'to.	Catonsv	fille	13d. INSIDE CITY LIMITS	1918	Al tavi	ie Roa	.d	212	228
	II, FA	THER'S NAME		MIDDLE	TZAL		15. MOTHER'S MAIDEN	NAME	WIDDLE			S.T	
8	1	John	3.3	WIDDLE	Porter		Sophia		MIDDLE	R	eic	ch	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		1918	Altav 2	ue	Roa	ad
7	(3	NO OR UNKNOWN)	(IF TES GIV	E WAR OR DATES!	213-05-	-8507	Ethel L.	Porte	r	2	122	85	
		18 CAUSE OF DEA	TH (Enter on	ly ane cause per	r line far (a), (b), and	d (c).)	0.			В	APPRO:	XIMATE IN	TERVAL ND DE
		Conditions, if on	IMMEDIAT	DUE TO, O	OR ASIA CONSEQUE	ENCE OF,	PROSTAT	TE .			S. C.		
		Conditions, if on gave rise to im cause (01, state underlying cous	/, which mediate ng the e lost.	DUE TO, O (b) DUE TO, O (c)	OR ASIA CONSEQUE	ENCE OF	+		ASE OR CONDITION	ON GIVEN IN I	PART 1	10	
	NOI	Conditions, if on gave rise to im cause (01, state underlying cous	/, which mediate ng the e lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	OR AS A CONSEQUE	ENCE OF,	NOT RELATED TO THE T	erminal dise.					
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2	L CERTIFICATION	Conditions, if ony gave rise to im cause (0), state underlying cous PART 2 OTHER SIG	IMMEDIAT /, which mediate ng the e last. NIFICANT (DUE TO, O (b) DUE TO, O (c) CONDITIONS C	OR AS A CONSEQUE ONTRIBUTING TO D	ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE T	ERMINAL DISE. 200 AU YES [TOPSY? 20	b. IF YES, WERE CERTIFYING (YES [E FIND CAUSE	INGS US	ATH?
29		Conditions, if ongove rise to imcause (a), state underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UP OR CONTRIBUTING [1] (IF EITHER NOTIFY MEET	IMMEDIAT I, which imediate ng the e lost. NIFICANT CONTROL ATION DERRIYING CAUSE OF DEAL CAUSE O	DUE TO, O (b) DUE TO, O (c) 19b COND 19b COND 19b HOUR A	OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY .M. MONTH DESCRIPTION.	ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE T	ERMINAL DISE. 200 AU YES [TOPSY? 20	b. IF YES, WERE CERTIFYING (YES [E FIND CAUSE	INGS US	ATH?
29	MEDICAL CERTIFICATION	Conditions, if ongove rise to imcause (a), state underlying couse PART 2 OTHER SIG	IMMEDIAT I, which mediate ng the e lost. NIFICANT C ATION DERLYING C CAUSE OF DEA DICAL EXAMINER RRED	DUE TO, O (b) DUE TO, O (c) 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A 21c PLACE	OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY .M. MONTH D.	ENCE OF ENCE OF OPERATIO AY YEAR 19	NOT RELATED TO THE T	ERMINAL DISE. 200 AU YES [TOPSY? 20	b. IF YES, WERE CERTIFYING (YES ITEM 18 PART I OR	E FIND CAUSE	INGS US	ATH?
29		Conditions, if ony gave rise to im cause (o1, statiunderlying cous) PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UP OR CONTRIBUTING [IF EITHER NOTIFY MEE 21d INJURY OCCUI	IMMEDIAT I, which imediate in the elast. NIFICANT (ATION ATI	DUE TO, O (b) DUE TO, O (c) ONDITIONS C 19h COND ATH HOUR A P 21e. PLACE (AT HOME, S1	ONTRIBUTING TO DEFINIURY A.M. OF INJURY REEL, FACTORY, OFFICE, F	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE T	ERMINAL DISE. 200 AU YES [TOPSY? 200 IN NATURE OF INJURY IN CITY OR TOWN	b. IF YES, WERE CERTIFYING (YES ITEM 18 PART I OR	E FIND CAUSE	INGS US	ATH?
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29		Conditions, if ony gave rise to im cause (o1, statu underlying cous PART 2 OTHER SIG	IMMEDIAT I, which immediate in the property of the property o	DUE TO, O (b) DUE TO, O (c) ONDITIONS C 19b COND 19b COND 19b COND 21b TIME C HOUR A P 21e PLACE (AT HOME, ST	OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY OF INJURY	OPERATIO	NOT RELATED TO THE TO T	200 AU YES CURRED (ENTER	TOPSY? 200 IN NO IN NATURE OF INJURY IN CITY OR TOWN Septembe	b. IF YES, WERE CERTIFYING O YES 1 ITEM 18 PART I OR	E FINDICAUSE RPART 2) DUNTY	INGS USS OF DE NO	STATE (we)
79		Conditions, if ony gove rise to im cause (a), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UP OR CONTRIBUTING [IF EITHER NOTIFY MEE 21d INJURY OCCUI WHILE IN ONT WAT WORK IN OR A IN WORK 22a I certify that (IMMEDIAT I, which immediate in the property of the property o	DUE TO, O (b) DUE TO, O (c) 196 CONDITIONS C 196 COND 197 COND 198 CO	OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY OF INJURY	OPERATIO	NOT RELATED TO THE TON WAS PERFORMED 21c. HOW INJURY OCCUPANT OF THE TON STREET 21l. LOCATION STREET Add that in (my) (our) opin DEGREE	200 AU YES CURRED (ENTER	NO STAFF	b. IF YES, WERE CERTIFYING CYES CO.	E FINDICAUSE RPART 2) DUNTY	INGS USS OF DE NO	STATE (we)
29		Conditions, if ony gave rise to im cause (o1, statu underlying cous PART 2 OTHER SIG	IMMEDIAT I, which imediate in the elast. ATION A	DUE TO, O (b) DUE TO, O (c) 19b CONDITIONS CI 19b COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME, 51	OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY OF INJURY	OPERATIO	NOT RELATED TO THE TON WAS PERFORMED 21c. HOW INJURY OCCUPANT OF THE TON STREET 21l. LOCATION STREET Add that in (my) (our) opin DEGREE	200 AU YES CURRED (ENTER	NO SIND IN NATURE OF INJURY IN CITY OR TOWN	b. IF YES, WERE CERTIFYING CYES CO.	E FINDICAUSE RPART 2) DUNTY	INGS USS OF DE NO	STATE (we)

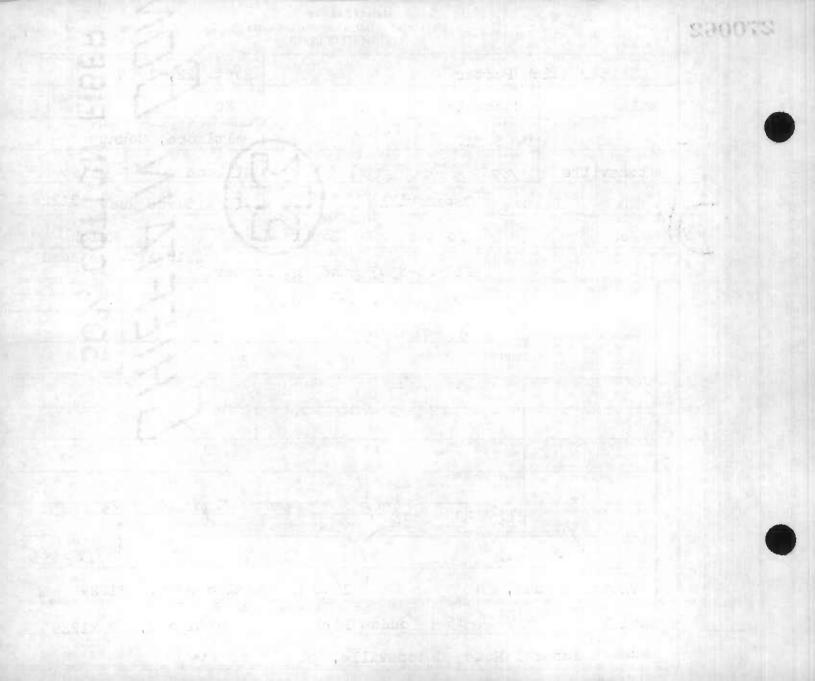
DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

24 FUNERAL DIRECTOR

Catonsville, Md MacNabb Funeral Home

250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Lavid "



00	0440	It	ems 18-22a 10/3 FOR STATE REGISTRAR	0/85 mtb B	EPARTMENT OF	HEALTH AND	AND MENTAL H FICATE O	YGIENE	2 4 :	5 8	5.
26	9118		CEASED NAME FIRST		WIDDLE	LAST		2a. DATE KNOWN	NO.	DAY YEAR	Zh HOU
•	Bange	(TY	Carol	Eliza	beth	Preissl	er	OF ESTI- DEATH MATED		1985	
	A ROBBE	1. SE	4	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YE	R. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	2d HOU
	NA SERVICE	F	male White	July 20 1	939 46	RS. MONTHS DAYS	Hours	MIN. PRONOUNCED DEAD	9-22	2 1985	9:16
-	SIN YES	M. B	IRTHPLACE (STATE OR	76 CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	UEVED 14 A DDI	9. BALTIMORE CIT			D
	品品の意思		aryland	U	SA	WIDOWED [DIVORCI		re Count	"V .	
-	E BAMBE		ITY OR TOWN OF DEATH		TAL, NURSING HOM	E, OR OTHER INSTI	TUTION	120. USUAL OCCUPATION		KIND OF BU	USINESS
	ADATE OF	1	owson.		seph's Hosp	oital		Statistical T	vpist /	OR INDUST Accour	
5	A PANA	UNO	RESIDENCE (IF IN NURSING HOME COUNTY)	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	ION)		13e STREET ADDRESS	7,5		
2120	A GERAN	N		imore	Baldwin	YES _			e Hill R	d., 21	013
- Q	1288 TA		ATHER'S NAME	MIDDLE	LAST	15. MQ1	HER'S MAIDE			1467	
86	306303	0	Floyd Br	rinsfield	Vane		Elizab	eth B.	Hag	germai	n
3/	B 1 5 3 1	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT	Y NO. 17. INFO	RMANT	ADDR	RESS		
1	WE -		No		213-38-7	485 Fr	ancis	E. Preissler	4907	Horse	Hill
1		1	18 CAUSE OF DEATH (Enter on PART) DEATH WAS CAUSED	y ane cause per line fo	or (a), (b), and (c).)		Rd.	, 21013		APPROXIMAT BETWEEN ONSE	ET AND DEAT
25	A ERNARY	V	9 10 4 IMMEDIAT	E CAUSE (a) Dr	owing & as	piration	of gas	stric content:	S		
ESTO	JER AL VER AL ANSU AL HYG REMOV	1		DUE TO, OR A	S A CONSEQUENCE	OF					
2	VITI NER NER TAL		Conditions, if any, which gave rise to immediate	(b)			E 100				
3	JTED WITH IN PENCIL EXAMINER IAL-TRAN MENTAL I		cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, OR A	S A CONSEQUENCE	OF					
5. 26	PAR PAR PAR			(c)			- 101				
DIVISION OF VITAL RECORDS, 201 W. PRESTON	HOULD BE EXECUTED WITH TROUGH IN PENCIL IN PENCIL IN PENCIL IN PENCIL IN HIEF MEDICAL EXAMINER. OF HEALTH AND MENTAL HAIL, CREMATION, OR REM	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TIDN GIVEN IN PAR	RT 1 (a).			
EC	MEN WENT	CERTIFICATION	19a, DATE OF OPERATION	119h CONDITIO	ON FOR WHICH OPER	PATION WAS PERF	OPMED?			2D AUTOPSY	(2)
Z	SHOUL VORD "P E CHIEF BE USED NT OF HI	FIC		176. CONDIN	or to k trineir or er	A TON WASTERN	OKMED:				
- Y	S O S S S S S	E	210 EXTERNAL CAUSE WAS	21b. TIME OF I	NJURY	71r. HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJURY IN ITE)	M IR PART LOR PART	YESXX	
0	THE VITTE VI		UNDERLYING OR	HOUR A.M.	MONTH DAY YEA	R				alco	
Sio	ERTIFIC ING THE B SHOU EPART	MEDICAL	CONTRIBUTING CAUSE OF E		9/22 1985 INJURY (ATHOME,	21f. LOCATION	et roun	nd in bathtub	after 1	ngest1	nq
DIV	REPED SERVICE	A	WHILE AT WORK AT WORK		RY, FARM, ETC.)	STREET		CITY OR TOWN	COUNT		STATE
	HAWAY Z	-		- 2	1			11 Rd.Baldwir	n, Balto	. Co.,	Md.
	EXAMINER: CERTIFICATE DUID BE FOR I DIRECTOR: I, WITH THE S MARYLAND,		22a. I certify that I took charg	-6 /	All Colors and the Colors	Autopsy XX.		n . Inquiry .	and in my apıni	on	
	ERTIFICATION BE FOI DIRECTOR WITH THE		death resulted from Natur	ol course	accident 22. 150	(1)	micide .	Undetermined manner],		
	A VED SE		ACTUAL A COLUMN	107 X	wahly		(SPECIFY)		DATE	9-23-	O.E.
	REAL SECTION	1	SIGNATURE COLUM	W VIII	14/1/100	M.D. AS	sistan	t_MEDICAL EXAMINER	DATE SIGNED_	9-23-	-03
	S S S S S S S S S S S S S S S S S S S	4	EXAMINER'S NAME (TYPE OR PRINT) Der	nis F. Smy	th. M.D.		111 Pe	enn St., Balt	. byo.	2120	1
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE. AFTER DEATH, WITT BALTIMORE, MARY	230 P	URIAL, CREMATION, REMOVAL 2			METERY OR CREMA		123d. LOCATION			
07.0	1331	- (SPECIFY)	9/26/85				n. Menkton	Balto	5	Md.
07/84 25M	BH		urial UNERAL DIRECTOR		Di. Jaiii	ca mbra.	25a. DATE R	REC'D. BY REGISTRAR 25b. R			viu.
	DHMH - 17 (VR A15 ME (5))	M	artin D. Lawson	n. 10 W.	Padonia R	d21093	SEP	21 DOS Full	ia Savidron	The state of	

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STATE OF MARYLAND

FOR

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DEPARTMENT OF HEALTH A CERTIFICATE (

ND MENTAL HYGIENE OF DEATH	8	5	2	4	5	8	1
Ur DEATH		REG. NO.					

073		REGISTRAR *	(CA	ROLYN)			FICATE OF DEATH	REG.	NO.		
11	1. DE	CEASED NAME	FIRST		MIDDLE		LAST	2a DATE OF DEATH		DAY YEAR	2b. HOUR
/			CAROLI	NE	Κ.		PRESTON	SEPTEME	BER 17	, 1985	6:05A
N/	3 SE	X		4 RACE	120		OF BIRTH	6. AGE IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
12		Female		White		Au	gust 29,1898	87	YRS.		MOOKS MIN
36		IRTHPLACE (STATE	OR FOREIGN		WHAT COUNTR	RY? 8 MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
11		laryland		U.S.		WIDOW	ED X DIVORCED	Ba	altimo	re Coun	ty M
90		Catonsvi	11e	Summit	Nursin	g Home	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS Nurse			
30	130 5	at RESIDENCE (IF) STATE Maryland	136 COUL Bal	OTHER INSTITUTION NTY timore	13c CITY OR TO Catons		13d. INSIDE CITY LIMITS? YES NO A	13e.STREET ADDRESS	s / zip cor omsbur	y Avenu	ie 2122
	14 FA 息	ATHER'S NAME FIRST John		MIDDLE	K1i	ng	15. MOTHER'S MAIDEN NA		- 1	B	rach
medico	16a V	VAS DECEASED E'	/ER IN U.S. AR	MED FORCES?	166 SOCIAL SE 217-58		Roger A. At	ADD			rest Pl .e, Md.2
t the		18 CAUSE OF DE	ATH (Enter or	nly one cause per D BY.	line for 1976,	and ic-	Cerebro Vio	(l m	1	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
-		FARIL DEAT				10		3 Whan M	1 1100		
event		FARTI. DEAT		TE CAUSE (a)			00000		-000-		
sofic event		PARTI. DEAT			R AS A CONSE		Colory) V	-1,	/	5	
oumotic event		Conditions, if	IMMEDIA		R AS A CONSE		previous	stwo	ks		
er troumotic eveni		Conditions, if gave rise to couse (a), st	IMMEDIA	DUE TO, O	hen	thil	previon	star	ks		
r other troumotic event		Conditions, if gave rise to couse (a), si	IMMEDIA	DUE TO, O	R AS A CONSE	thil	previous	stews	ks		
ry, or other troumotic event		Conditions, if a gave rise to couse (a), st underlying co	IMMEDIA any, which immediate ating the use last.	DUE TO, O (b) DUE TO, O	R AS A CONSEC	OUEVE OF	I NOT RELATED TO THE TERM	5 ftw	ks.	IVEN IN PART I	Ha
injury, ar other troumatic event	NOI	Conditions, if a gave rise to couse (a), st underlying co	IMMEDIA any, which immediate ating the use last.	DUE TO, O (b) DUE TO, O	R AS A CONSEC	OUEVE OF	previous	5 ftws	KS INDITION G	IVEN IN PART	Ha
ony injury, or other troumotic event	CATION	Conditions, if a gave rise to couse (a), st underlying co	IMMEDIA any, which immediate ating the use last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEC	O DEATH BUT	previous	S frus	20b. IF YI	ES, WERE FIND	INGS USED
ows ony injury, or other troumotic event	TIFICATION	Conditions, if a gave rise to couse (a), si underlying co	IMMEDIA any, which immediate ating the use last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEC	O DEATH BUT	I NOT RELATED TO THE TERM		20b. IF YI		INGS USED
8 shows ony injury, or other troumotic event	CERTIFICATION	Conditions, if a gave rise to couse (a), st underlying co	IMMEDIA any, which immediate aling the use last. IGNIFICANT (RATION	DUE TO, O (b) DUE TO, O (c) 19b. COND 21b. TIME C	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	QUELLE OF O DEATH BUT CH OPERATIO	I NOT RELATED TO THE TERM ON WAS PERFORMED 214 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YI	ES, WERE FIND IFYING CAUSE	INGS USED
em 18 shows ony injury, or other troumotic event		Conditions, if a gave rise to couse (a), st underlying countries of the co	IMMEDIA any, which immediate ading the use last. IGNIFICANT (RATION UNDERLYING [CAUSE OF DEA	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. TIME O HOUR A.	R AS A CONSECUTIVE TO THE PROPERTY OF THE PROP	O DEATH BUT	I NOT RELATED TO THE TERM ON WAS PERFORMED 214 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YI	ES, WERE FIND IFYING CAUSE IES [INGS USED
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ked or Item 18 stows ony injury, or other troumotic event	MEDICAL CERTIFICATION	Conditions, if of gave rise to couse (a), si underlying compared to the condition of the co	IMMEDIA: Dring, which immediate ofting the use lost. IGNIFICANT (RATION UNDERLYING CAUSE OF DEA MEDICAL EXAMINER URRED I WHILE I WHILE I WHILE I WHILE I	DUE TO, O (b) DUE TO, O (c) 19b. COND 19b. COND ATH P. 21b. TIME C HOUR A. 21c. PLACE	R AS A CONSECUTION FOR WHITE MANUAL PROPERTY AND A CONSECUTION FOR	O DEATH BUT CH OPERATION DAY YEAR	NOT RELATED TO THE TERM ON WAS PERFORMED 214 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YI IN CERT Y	ES, WERE FIND IFYING CAUSE IES [INGS USED
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21 is morked or Item 18 shows ony injury, or other troumotic event		Conditions, if a gave rise to couse (a), si underlying countries of the co	IMMEDIA any, which immediate aling the use last. IGNIFICANT (I RATION UNDERLYING CAUSE OF DEV AREDICAL EXAMINER URRED T WHITE CAUSE (I) THE CAUSE OF DEV ARED CAUSE OF	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	R AS A CONSECUTION FOR WHITE MAN MONTH MAN MONTH MAN MONTH MAN MONTH MAN MAN MEET, FACTORY, OFFICE AUCCOME TO THE MAN MAN MAN MAN MAN MEN MAN MAN MAN MAN MAN MAN MAN MAN MAN MA	DUE DE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM, ETC.)	I NOT RELATED TO THE TERM ON WAS PERFORMED 214 HOW INJURY OCCUR	200 AUTOPSY? YES NO PORTION NATURE OF IN	20b. IF YI IN CERT YURY IN ITEM 18	ES, WERE FIND IFYING CAUSE (ES PART OR PART 2)	INGS USED S OF DEATH? NO STATE
rem 21 is morked or Item 18 shows ony injury, or other troumotic event		Conditions, if a gove rise to couse (a), st underlying compared to the country of	IMMEDIA any, which immediate aling the use last. IGNIFICANT (I RATION UNDERLYING CAUSE OF DEV AREDICAL EXAMINER URRED T WHITE CAUSE (I) THE CAUSE OF DEV ARED CAUSE OF	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND ATHOUR A. PLACE (ATHOME STI	R AS A CONSECUTION FOR WHITE MAN MONTH MAN MONTH MAN MONTH MAN MONTH MAN MAN MEET, FACTORY, OFFICE AUCCOME TO THE MAN MAN MAN MAN MAN MEN MAN MAN MAN MAN MAN MAN MAN MAN MAN MA	DUE DE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM, ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO PORTION NATURE OF IN	20b. IF YI IN CERT YURY IN ITEM 18	ES, WERE FIND IFYING CAUSE IES	INGS USED S OF DEATH? NO STATE that III (we) far a course stated
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IANI: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event		Conditions, if a gove rise to couse (a), st underlying compared to the country of	IMMEDIA Driver, which immediate of the control of	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	R AS A CONSECUTION FOR WHITE MAN MONTH MAN MONTH MAN MONTH MAN MONTH MAN MAN MEET, FACTORY, OFFICE AUCCOME TO THE MAN MAN MAN MAN MAN MEN MAN MAN MAN MAN MAN MAN MAN MAN MAN MA	DUE DE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM, ETC.)	216 HOW INJURY OCCUR 211 LOCATION SIREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF N CITY OR	20b. IF YIN CERT YOURY IN ITEM 18	ES, WERE FIND IFYING CAUSE IES	INGS USED S OF DEATH? NO STATE that III (we) far a course stated
APORTANI: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event		Conditions, if a gove rise to couse (a), st underlying countrying country (b) DATE OF OPE 210, ACCIDENT WAS OR CONTRIBUTING (IF ETHER NOTIFY) 21d INJURY OCCUMBLE NOTIFY 100 AT WORK AT A STATE OF THE S	IMMEDIA Driver which immediate oring the lost. IGNIFICANT O RATION UNDERLYING CAUSE OF DEL REDICAL EXAMINEE URRED WORK IMPLE DIVERTED WORK PAAM P	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	R AS A CONSECUTION FOR WHITE MAN MONTH MA. MONTH MA. OF INJURY REET, FACTORY, OFFICE MACCOUNTY OF THE MACCOU	O DEATH BUT CH OPERATION DAY YEAR 19	TNOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION SIREET 10 DEGREE ATTENDING PHYSICIAN 17s. ADDRESS	200 AUTOPSY? YES NOW RED (ENTER NATURE OF N CITY OR Death occurred or the	20b. IF YI IN CERT YOUNG TOWN	ES, WERE FIND IFYING CAUSE VES PART 1 OR PART 2) COUNTY 19 111 111 111 111 111 111 111 111 1	STATE that III (we) fail a cause stated.
IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, ar other troumatic event	WEDICAL MEDICAL	Conditions, if a gove rise to couse (a), st underlying countrying country (b) DATE OF OPE 210, ACCIDENT WAS OR CONTRIBUTING (IF ETHER NOTIFY) 21d INJURY OCCUMBLE NOTIFY 100 AT WORK AT A STATE OF THE S	IMMEDIA Dry, which immediate oring the use lost. IGNIFICANT O UNDERLYING C CAUSE OF DEL AEDICAL EXAMINEE URRED UWRED I WHILE C WORK DIA REMOVAL	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 19b. COND 21b. TIME C HOUR A. P) 21c. PLACE (AT HOME STI	R AS A CONSECUTION FOR WHITE TO THE MAN MONTH MAN MONTH MAN MORE TO THE MAN	O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM, ETC.)	216 HOW INJURY OCCUR 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW RED (ENTER NATURE OF N CITY OR Death occurred or the	20b. IF YI IN CERT YOUNG TOWN	ES, WERE FIND IFYING CAUSE VES PART 1 OR PART 2) COUNTY 19 111 111 111 111 111 111 111 111 1	STATE that III (we) fail a cause stated.

DHMH - 16 60M 7/B4 (VRA 15, 4)

retained by the hospital or ottending physician.



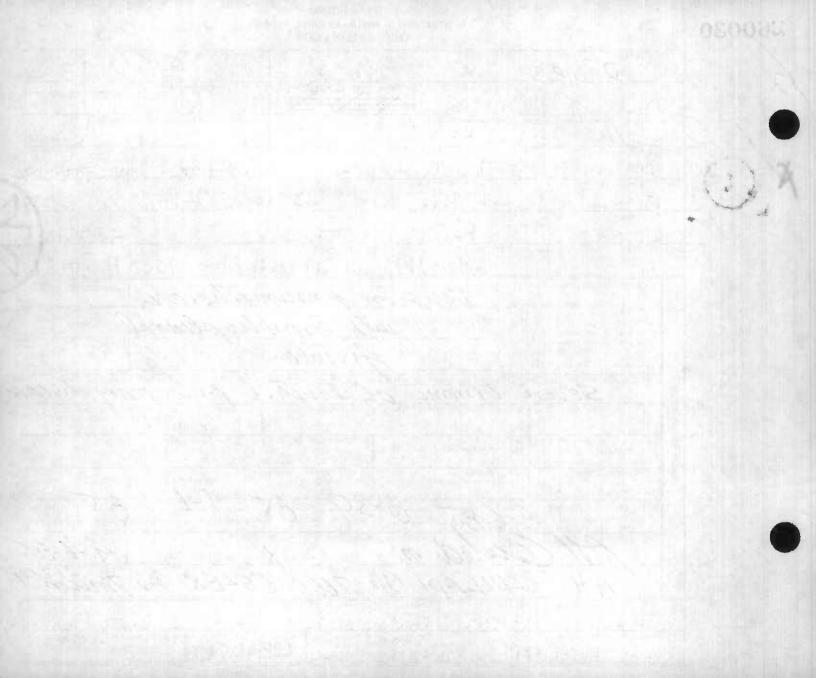
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VRA 15, 4)

260030 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 24 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTS 4 RACE 5. DATE OF BIRTH 1 - 35 - 10 & AGE FIN YEARS LAST BIR THEM ! 1 SEX 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE LSTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [MI CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN. 113d INSIDE CITY LIMITS2 L FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line force), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse lost TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [] NO YES | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. LIF EITHER NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a. | certify that (I) (this haspital) assended the deep that (1) (we) lost sow the deceased alive an and that in (my) (our) appearan death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) vie 22b. SIGNATURI DEGREE 22c. DATE SIGNE ATTENDING \ MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23a BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY SPECIEY 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)



036		FOR	DEPAS	TMENT OF HEALTH AND MENTAL HY	GIENIS 5	24584
030	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	BJOOM	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26. HOUR
deoth	,,,,,	Mar	v m.	Pritchett		9 / 00 11 0
3	. SEX	, ,	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
2/	K	11100	aus	1 10 01	9. BALTIMORE CITY OR	YRS.
2		OUNTRY	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	0:11	
1/ 11	0. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126. KIND OF BUSINESS O
1	-	Towson	TICKE CS Q'I	EET ADDRESS)	Temeling.K	
	JSU/		OR OTHER INSTITUTION, GIVE RESIDENCE BEF		130, STREET ADDRESS	21816
2		Md.		more YES NO	4416 Mas	ble Hell Rd.
2/1	4. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST
24		Charles	Rica	- Annie	ADDRES	Simering
1	6a W		ARMED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	LI OF T	DIN
/		NO I	1214. 1	+-1doUON Fallice	News T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			only one couse per line for (a), (b), SED BY: ATE CAUSE (a)	ratory Sculure		8/14-9/7
4		IMMEDI				0///
	¥	Conditions, if ony, which	DUE TO, OR AS A CONSECU	eumina/COPD		
other froum		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF		
		underlying couse lost.	(c)			
	Z	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	ITION GIVEN IN PART 110
6	CERTIFICATION	196 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
2	IFIC	_			YES TI NOX	IN CERTIFYING CAUSES OF DEATH?
2	CER	210 ACCIDENT WAS UNDERLYING	LIGHT A MA MONTH	DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
71	CAL	OR CONTRIBUTING CAUSE OF D	JEMIN .	19		
	MEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
1		AT WORK NOT WHILE		5/32/80	0/7	10 85 About (16 (was))
			spital) attended the deceased from		death occurred on the dat	e and hour and from the causes stated
		obove, (1) we (did) did	nob view the body ofter deat	DEGREE	- down occorred on the don	224, DATE/SIGNED
		16	Sent State		MEDICAL STAFF	9/6/85
7		224. PHYSICIAN'S NAME (TYP	E OR PR	224 ADDRESS	A CONTROL OF THIS SEED	1 / 1
		1000	HOH MO	1/291	NONNING	for wrote
7	23a. B	URIAL, CREMATION, REMOVA	AL 138 DATE 2	R. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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Balto, Md.

Anatomy Board

THE TANK OF THE SECOND POLICE FOR

267088		tem 16a, f: FOR 9-30-85j: REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 🖇 🍮	2 4	j	9 0
		CEASED NAME FIRST	7-1	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
page 3		JAM	IES	WILLIAM		CHAZKA, SR.	SEPT. 18			11:45 an
and	3. SE	MALE	4 RACE WH	ITE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	YRS.	DER I YEAR	HOURS MIN.
nerol programme of the second		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	what country?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR BALTIM			MD.
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e execution of and co	1600	VAS DECEASED EVER IN U.S (ES. NO OR UNKNOWN) YES	ARMED FORCES? Kornan	219-28		17 INFORMANT KATHERINE	PROCHAZKA			DAME DDRESS
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Distriction for the least	100	2)q. ACCIDENT WAS UNDERLYING OR CONTRIBUTING C CAUSE O (IN EXIDES HOTER MEDICAL EXA-	EDEATH HOUR A	OF INJURY M. MONTH D	AY YEAR	214. HOW INJURY OCCURR	YES NO.	YES	# PAST 21	NO 🗌
CG Person other this ca the burn the day	MEDICAL	114 INJURY OCCURRED	21e PLACE	OF INJURY BEST, FACTORY, OFFICE,		711 LOCATION	Env ox to-		ounn	SIATE
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ĺ		II CAUSE OF	DEATH (Enter or	ly one couse per line	for (o), (b)	, and (c).)							APPR	OXIMATE I	NTERVAL AND DEATH
ł		O h	IMMEDIA	TE CAUSE (a) Mu	ltipl	e open	wour	nds of e	xtremi	ties					
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1	73a BI	RIAL, CREMATIC				IAME OF CEA		ADDRESS		LOCATION		- /			=
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 PHYSICIAN: The low

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DEPARTMENT	OF	HEALTH	AND	MENTAL	F

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E OF	DEATH	MONTH	DAY	YEAR	2b.	HOUR

254024		FOR STATE REGISTRAR	0		CERTIFI	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		REG. NO.	2 4 5	9 2
F 4 9		CEASED NAME FIRST ANNA	4 RACE	MIDDLE	RA 5. DATE O		6. AGE (IN YEA	PEATH MONTH 9 RS LAST BIRTHDAY)	7 85	2b. HOUR AM IF UNDER 24 HRS
	h n	FEMALE	WHIT		6 6	23 YEAR 9		YRS	MONTHS DAYS	HOURS MIN.
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100 to the part of	1	Essex	RIVERV	HOSPITAL, NURSIN CHEACILITY, GIVE STREET TEW NUR.	ADDRESS)	CENTRE, IN	12a USUAL OG (TYPE GENVORKE	CCUPATION OR MOST OF WORKING TEA	LIFE) 125 KIND OF INDUSTRY Lever	Brus.
AND 213	130	laryland	OR OTHER INSTITUTION DUNTY	Baltimo	ADMISSION) N	136. INSIDE CITY LIMITS?		opress / zip co	Road	239
MARYL manufetely and 2 s)4. FA	John	WIDDIE	Gudz		15 MOTHER'S MAIDEN N	IAME	WIDDLE	LAST	
be execution and co		VAS DECEASED EVER IN U.S. (ES NO OR UNKNOWN) (IF YES	. ARMED FORCES? S. GIVE WAR OR DATES)	217-09-	8712	Helen Cost	antini 5	Airway (A4-B 2120
RDS, 201 W. PRESTON ST. equires that the death certiful and signed by the attending p. Then please remove carbon to burnal, cremation, or reminjury, or other traumatic even	NO	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost PART 2 OTHER SIGNIFICAL	(b) DUE TO, C	DR AS A CONSEQUE	NCE OF		rrest.	OR CONDITION G		410.
TAI RECO	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			OPERATION	21c. HOW INJURY OCCU		NO IN CER	ES, WERE FINDIN TIFYING CAUSES I YES []	IGS USED OF DEATH? NO []
DIVISION OF WITHOUS PHYSICIAN: the hospital or attending phys at DIRECTOR: After this certifica etached for use as the buriol-tro tre Dept. of Health and Mental Hy It. If them 21 is marked or them 18	MEDICAL CI	210. ACCIDENT NOT UNITED ALLISE OF CONTRIBUTING CAUSE OF CHIEF NOT IFFY MEDICAL EXAM. 21d INJURY OCCURRED WHILE NOT WHILE ALL WORK 220.1 certify that (1) (this has the deceased alive obove, (1) (we) (did) (did) 22b. SIGNATURE	PLACE (AT HOME ST OSPITOL) attended the control view the beat	.M. MONTH DA ,M. OF INJURY REET, FACTORY OFFICE, F. The deceosed from	19	21f. LOCATION STREET MANUEL, 19 76 d that in (my) (our) opinic	, to	Sep to	COUNTY . 19 5 , tl	
TO HOSPITAL retoined by the TO FUNERAL should be determentable. Important Important:	23a. E	226. PHYSICIAN'S NAME (1) MORRIS OURIAL, CREMATION, REMO	CAINES	8 Mb.	JAME OF C	220 ADDRESS //OS OLO E	ASTERN	AUB.	Bellog	Mid. 1221
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- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Female

Virginia

Maryland Maryland

4 FATHER'S NAME

CERTIFICATION

MEDICAL

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TO BIRTHPLACE (STATE OF FOREIGN

B CITY OR TOWN OF DEATH

Rossville 21237

Arnold

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Joann

RAPP 4 RACE

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HE YES GIVE WAR OR DATEST

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76 CITIZEN OF WHAT COUNTRY?

USA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

LAST

166 SOCIAL SECURITY NO.

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LAST			20 DA	TE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
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MonAugust	5	1935	100	50		MONTHS	DAYS	HOURS	MIN

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0		NEVER MARRIED		9	BALTIMORE CITY OR COUNT	Y OF DE	A

20n AUTOPSY?

23d LOCATION

Baltimore County 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Dept. Store

NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Franklin Sq. Hospital ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

130 STREET ADDRESS / ZIP CODE Mersy Ct. Middle River 15 MOTHER'S MAIDEN NAME

Vada

DIVORCED T

Bryant LAST

17 INFORMANT Harry Rapp. Husband

Same

206 IF YES, WERE FINDINGS LISED

21220

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (a), (b), and (c), BY. CAUSE (a) Card (opul nonary arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost	DUE TO, OR BA CONSEQUENCE OF MASSIVE MYORDIAL INT	Faction

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

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() a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		211 LOCATION STREET		CITY OR TOW	VN COUNTY	STATE

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22a I certify that (1) (this hospital) ottended the deceased fram	, 19, to	, 19, that {li (we) la
saw the decreased alive on 19	and that in (my) (our) opinion death accurred on the do	ate and have and from the causes stated

	above (IVwe) (did) (did not)	view the bady after death.	, and marin (my (our opinion deam accorred	on the date and ha	or and from the causes stated
22b	SIGNATURE	11	DEGREE			22c. DATE SIGNED
	1.1/11	/\ /	A / A	ATTENDING MEDICAL	STAFF	

	1	-	1	/V	1 -	V	0.	PHYSICIAN	DIRECTOR	PHYSICIA
d	PHYSICIAN'S NAME	LIYPE OR PRINT					77e ADD	RESS		

1196 CONDITION FOR WHICH OPERATION WAS PERFORMED

23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 9/18/85 Birial

Helly Hill Memorial Gardens

Baltimore Co., Md.

250. DATE REC'D.

DHMH - 16 60M 7/84 (VRA 15, 4)

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- STATE

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENI
TRAR	CERTIFICATE OF DEATH

STAIL OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENES	,
CERTIFICATE OF DEATH	

REGIS REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR YPE OR PRINT TheresA 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 78 TO BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW JERSEY U.S.A. BALTIMORE COUNTY WIDOWED X DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TOWSON MULTI MEDICAL CONV. & NURSING CENTER HOUSEWIFE AT HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21215 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE 6317 PARK HTS. AVE., APT. 603 YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LEWIS MORRIS HANDLE GERTRUDE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MR. M. ROBERT RAPPAPORT 806 HARPER HOUSE 214-16-8357 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: evere COPD Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PAA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from saw the deceased alive on and that in (my) (aur) apinion deoth accurred on the date and hour and from the couses stated abave (1) we) (did) (did not) view the body after death SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN mb 22d. PHYSICIAN'S NAME ITYPE OF PRINT 222 W. Cold Spring La 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

DHMH - 16 50M 1/81 (VRA 15, 4)

24 EUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN OF ESTI-28/10 85 DEATH MATED John Michael Rather DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 26 4 9 18 AST BIRTHDAY) PRONOUNCED Male White Mar. 20, 1959 26 DEAD 28/₁₉ 85 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA North Carolina Baltimore County WIDOWED L DIVORCED JO CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Food Service Franklin Square Hospital Essex SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Joppa Road 13a STATE 136 COUNTY 13c CITY OR TOWN 21085 Maryland Harford Joppa FATHER'S NAME 15. MOTHER'S MAIDEN NAME Louise Howell Bertha John Rather Hubert 4a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Forest Hill, Md. 21050 YES, NO, OR UNKNOWN) Bertha L. Cox, 506 E. Jarrettsville Rd. 219-72-7625 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG OR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERM HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE ND. 27201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL 9/ 28/9 85 subject motorcyclist in collision with tractor CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway I-95 north White Marsh, Balto. Co., Md. 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion Accident X PAGE 4 SHOULD BE TO FUNERAL DIRECTORY AFTER DEATH, WITH THE Suicide Hamicide Undetermined monner death resulted from Notural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 9/28/85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. (TYPE OR PRINT) 23d. LOCATION STATE Oct.1,1985 Mountain Christian Cem. Harford Md. Burial Joppa 07/84 BP 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR DHMH - T7 Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))

